



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) 00002258486 **Control Number: 5686622**
2. Premise No. 148 Street Name BROOKFIELD AVENUE Borough Staten Island Zip 10308
3. AKA _____ Type of Facility Residence BIN 5071095 Block 05456 Lot 0037
4. Building Owner MIRZO ARSIM Address 148 BROOKFIELD AVENUE
5. City STATEN ISLAND State NY Zip 10308 Contact Person MIRZO ARSIM
6. Tel. # (718) 619-3219 Fax # _____ Email ARSIMPLUMBING@GMAIL.COM
7. Work Type General Construction

Description of the Entire Scope of Work
RESPECTFULLY REQUEST TO CONVERT EXISTING GARAGE INTO STORAGE & BEDROOM IN EXISTING TWO FAMILY DWELLING.
AMEND C OF O.

8. I, KRZYSZTOF PIOTROWSKI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
02/29/2020 6:00PM-7:00PM in accordance

Date(s)

with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☒ a. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
- ☐ b. premise (or portions thereof) affected by the work contains 10 square feet or less or 25 linear feet or less of ACM.
Specify locations in section 9: Note: This material must be abated as a minor project in accordance with relevant provisions of the DEP Asbestos Rules.
- ☒ c. asbestos is present and will not be disturbed during construction activity. Specify the quantity and area where asbestos is present. Specify amount: 0 sq. ft 100 linear ft.
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Ground Floor	GARAGE	Wall Drywall, Garage	2	No	No				
Ground Floor	GARAGE	Wall Drywall Compound, Garage	2	No	No				

I hereby declare the information provided herein is true and complete

KRZYSZTOF PIOTROWSKI 3/4/2020 160184 1/27/2022
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (347) 481-6950 Fax # _____

Email ziza.servicesny@gmail.com

The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR 763.86.

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Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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Ground Floor	GARAGE	Ceiling Drywall, Garage	2	No	No				
Ground Floor	GARAGE	Ceiling compound, Garage	2	No	No				
Ground Floor	GARAGE	Wire insulation	0	Yes	Yes		100	No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Laboratory Testing Services	10955	3/2/2020

11. NYS DOL Asbestos Handling license # 111758 Company Name MKM Environmental Consulting LLC

12. Comment

This job is for splitting a garage into storage area and a bedroom as per provided plans and pw1.

I hereby declare the information provided herein is true and complete

KRZYSZTOF PIOTROWSKI 3/4/2020 160184 1/27/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 481-6950 Fax # _____

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