



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) _____ **Control Number: 5420458**
2. Premise No. 592 Street Name Tompkins Avenue Borough Staten Island Zip 10305
3. AKA None Type of Facility Residence BIN 5044261 Block 03001 Lot 0026
4. Building Owner JANKO, ZHOLJETA Address 92 BELSTON AVENUE SE
5. City BROOKLYN State NY Zip 11229 Contact Person Ilir Janko (owner) Julie
6. Tel. # (347) 465-0617 Fax # _____ Email _____

7. Description of the Entire Scope of Work

HEREWITH FILING FOR APPLICATION A11 TO REPLACE EXISTING CONCRETE SLAB AT CELLAR LEVEL, 1 STORY SIDE ADDITION & SIDE OPEN PORCH ON 1 FLOOR, AND NEW BATHROOM AT THIRD FLOOR. AS PER PLANS. NO CHANGE IN USE, EGRESS, OR OCCUPANCY.

To the best of my knowledge and professional judgment the information provided by me is true, complete and correct to the best of my knowledge and is supplied in good faith; NOTE: This report is issued SOLELY and limited to the work area as per job description above, if there is any change, amending plans, adding or extending the work area, if during work any insulated pipe or unreasonable material behind walls or any air suspect appears, STOP THE WORK immediately, the contact person, contractor or owner must call the investigator Eliane Firming for re-inspection, failure to do so the Owner, Management or Requester will be responsible to pay any violations issued.

8. I, ELIANE FIRMINO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

05/22/2018 9:30AM-11:00AM 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. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).
☐ 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: 266 sq. ft. _____ linear ft.
Specify locations (attach additional documents as necessary):
Wood flooring kitchen, bedroom, entire wall remain in place under this application. Chimney next to work area proposed door will re
☐ d. entire building is free of asbestos containing material (ACM).



I hereby declare the information provided herein is true and complete

ELIANE FIRMINO 5/30/2018 142010 5.2.2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 200-6786 Fax # _____

Email elianefirming@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, 40 CFR 763.80, 40 CFR 763.85.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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





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9. RESULTS OF ASBESTOS BUILDING SURVEY:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Cellar		Work area, Floor to be replaced.	Concrete Cement	3	No	No
Building Floors	1 to 1	Work area, Existing window proposed door, kitchen- next to chimney	Stucco	5	No	No
Building Floors	1 to 1	Work area-Window sill, outside proposed door, existing window rear area side	Concrete	3	No	No
Building Floors	3 to 3	Work area, walls- btw wood laths distributed	Cement	3	No	No
Building Floors	1 to 1	inside walls proposed door, side, rear	Gypsum Board	5	No	No
Building Floors	1 to 1	Side, proposed door inside wall	Brick	3	No	No
Building Floors	1 to 1	Rear window, bathroom walls.	gypsum board	3	No	No
Building Floors	1 to 1	Exterior walls, rear	Cement	3	No	No
Building Floors	2 to 2	Rear area, proposed door, existing bed.	Cement	3	No	No
Building Floors	2 to 2	wall, 2nd floor, proposed, exit bedroom rear	Plaster	3	No	No
Roof		Rear over the roof	Sealant	2	No	No
Roof		1st layer, rear	A. Shingles	2	No	No
Roof		3rd layer rear	A. Shingles	2	No	No
Roof		2nd layer, rear	A. Shingles	2	No	No
Building Floors	1 to 1	Work area, wall, Behind gypsum board, rear, prop. door kitchen	Cement	3	No	No
Building Floors	1 to 1	Wall, behind gypsum board, rear	Plaster	3	No	No
Building Floors	1 to 1	Wall, side (kitchen) btw brick	Mortar	3	No	No
Building Floors	1 to 1	Wall, side behind gypsum board	Plaster	3	No	No
Building Floors	3 to 3	Work area, walls, distributed.	Gypsum Board	3	No	No
Building Floors	1 to 1	Work area, Exterior wall, distributed, throughout	stucco	3	No	No
Building Floors	1 to 1	Exterior walls, distributed, partitions on the wall, left side at rear door.	A. Shingles	2	No	No

I hereby declare the information provided herein is true and complete

ELIANE FIRMINO  5/30/2018 142315 5-2-2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 200-6786 Fax # _____

Email eliane.firmino@gmail.com

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SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR

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Building Floors	1 to 1	Exterior wall, rear area, on the door	Caulking	2	No	No
Building Floors	1 to 1	Exterior wall, rear area, distributed, on the wall, left side of the door	A, Shingle	2	No	No
Building Floors	1 to 1	outside walls, left side of rear door, behind shingles- 2nd layer	Felt paper	2	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	5/25/2018

11. NYS DOL Asbestos Handling license # 90424 Company Name Eliane D. Firmino

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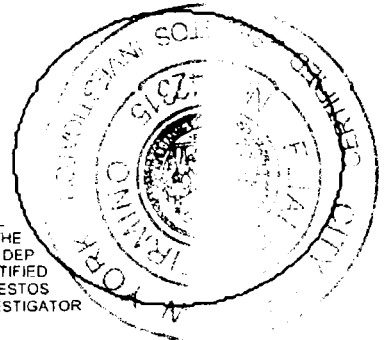
ELIANE FIRMINO 5/30/2018 142315 5/2/2020
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