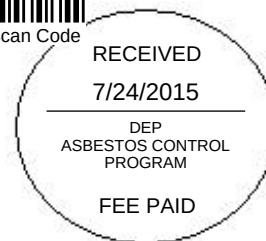




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 5195866**

2. Premise No. 268 Street Name Barclay Avenue Borough Staten Island Zip 10312

3. AKA _____ Type of Facility Residence BIN 5082087 Block 06424 Lot 0032

4. Building Owner Danil Rylo Address 268 Barclay Street

5. City Staten Island State NY Zip 10312 Contact Person Danil Rylo

6. Tel. # (631) 704-4567 Fax # _____ Email DANRYLO@GMAIL.COM

7. Description of the Entire Scope of Work
Enclose existing door opening and convert a one family house to a two family house. No change to use or egress.

8. I, EDWARD KIPRIYANOV, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

07/22/2015 *Date(s)* in accordance
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: _____ sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary): _____

☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
1st Floor	Existing Garage	Gypsum Board	2	No	No
1st Floor	Existing Garage	Joint Compound	2	No	No
1st Floor	Existing Garage	Cementitious Material on the Floor	2	No	No

I hereby declare the information provided herein is true and complete

EDWARD KIPRIYANOV 7/24/2015 133827 11/7/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 387-3667 Fax # _____ Email edward@3environmental.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.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



25206333



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



10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
ALAC Analytical Labs	11605	7/23/2015

11. NYS DOL Asbestos Handling license # 59563 Company Name 3E Environmental Inc.

I hereby declare the information provided herein is true and complete

EDWARD KIPRIYANOV 7/24/2015 133827 11/7/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (646) 387-3667 Fax # _____ Email edward@3environmental.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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



25206333