NYC Environmental Protection

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT

RECEIVED
8/24/2026
DEP
ASBESTOS CONTROL
PROGRAM
FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number** [redacted]

2. Premise No. [redacted] Borough Brooklyn Zip [redacted]

3. AKA _____ Type of Facility Commercial BIN [redacted] Block [redacted] Lot [redacted]

4. Building Owner [redacted] Address [redacted]

5. City Brooklyn State NY Zip [redacted] Contact Person [redacted]

6. Tel. # (917) [redacted] Fax # _____ Email [redacted]

7. Work Type PL Plumbing, MH Mech/ HVAC, General Construction

Description of the Entire Scope of Work
Interior Mechanical and Plumbing Work for tenant fit-out of [redacted] Restaurant at this location. No
change in use, egress, or occupancy under
this application.

8. I, [redacted] , have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

06/30/2026 12:00PM-1:30PM 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

[X] 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: _____ sq. ft _____ linear ft.

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

SAMPLE

[X] **I hereby declare the information provided herein is true and complete. I verify under penalty of perjury under the laws of the United States of America that I was physically present at the premises while conducting the inspection.**

[redacted] [redacted] 10/15/2026
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (347) [redacted] Fax # [redacted]

Email [redacted]

SEAL OF THE NYC CERT ASBE INVE [redacted]

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.

Is it a Build-It-Back project? [ ] Yes, App ID # _____ [X] No

[redacted]

Sample ACP-5 · Windsor Environmental · personal and project details redacted

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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
Cellar	Ceilings and walls Throughout	Wall Drywall	3	No	No				
Cellar	Ceilings and walls Throughout	Ceiling Drywall	3	No	No				
Cellar	Ceilings and walls Throughout	Wall Joint Compound	3	No	No				
Cellar	Ceilings and walls Throughout	Ceiling Joint Compound	3	No	No				
Building Floors-1	Commercial Space	Wall Drywall	3	No	No				
Building Floors-1	Commercial Space	Ceiling Drywall	3	No	No				
Building Floors-1	Commercial Space	Wall Joint Compound	3	No	No				
Building Floors-1	Commercial Space	Ceiling Joint Compound	3	No	No				
Building Floors-1	Commercial Space	Bathroom Floor Plaster	2	No	No				
Building Floors-1	Commercial Space	Bathroom Tile Backing	2	No	No				
Building Floors-1	Commercial Space	Bathroom Floor Grout	2	No	No				
Building Floors-1	Commercial Space	Bathroom Wall Grout	2	No	No				
Building Floors-1	Commercial Space	Concrete Floor Under Carpet	2	No	No				
Building Floors-1	Commercial Space	Glue Under Carpet	2	No	No				
Building Floors-1	Commercial Space	Floor Tile	2	No	No				
Building Floors-1	Commercial Space	Floor Tile Mastic	2	No	No				

SAMPLE

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[redacted] [redacted] 10/15/2026

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Email [redacted]

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Building Floors-1	Commercial Space	Drop Ceiling	2	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Allab Analytical	12118	7/8/2026

11. NYS DOL Asbestos Handling license # [redacted] Company Name [redacted]

12.Comment
This report is limited to areas sampled. Exterior and Roof work are not permitted under this filing.

SAMPLE

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[redacted] [redacted] 10/15/2026
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (347) [redacted] Fax # [redacted]

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