



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



ASBESTOS ASSESSMENT REPORT

ACP 5 Fee \$ _____

2. Premise No. 14 Street Name Washington Mews Borough Manhattan Zip 10003
3. AKA _____ Type of Facility Educational Bin 1083131 Block 550 Lot 4
4. Building Owner New York University Address _____
5. City New York State NY Zip 10012 Contact Person Lauren Noonan
6. Tel. # 212-998-4098 Fax # 212-995-4025 Email _____

7. Description of the Entire Scope of Work
Exterior renovations per architecture dwgs: A103,A703,704,A801-815 dated 6/30/10

Napach-Rothenberg Architects LLP

8. I, Farhood Selamie, have conducted an asbestos investigation on 8/6-7/09 in accordance with Sections 1-16 and 1-28 of the
Name of Certified Asbestos Investigator *Date*

NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☒ a. premise (or portions thereof) 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 in the area and will not be disturbed during construction activity. Specify the quantity and area where asbestos is present.
Specify amount: 100 sq.ft _____ linear ft. Specify locations (attach additional documents as necessary): _____

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR (including cellar and basement)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room#, boiler room, lobby, etc.)	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT		ASSUMED ACM
				YES	NO	
Exterior	Exterior	Window caulking/glazing	6	☒	☐	
	Parapet Wall	Mastic		☒	☐	
Note:	All exterior ACM has been abated.			☐	☐	
Note:	ACM mastic on parapet walls-will not			☐	☐	
	be disturbed as per SOW.			☐	☐	
				☐	☐	
	8057-3-10			☐	☐	

10. Analytical Laboratory NA

11. ELAP # NA Date(s) Samples Analyzed _____
NYS DOH CERTIFICATION

12. I hereby declare the information provided herein is true and complete.

Farhood Selamie 7/6/10 113694 4/9/2011
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # 732-729-1800 Fax # 732-729-1803 email: farhoods@ctsiweb.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 Part 763.86.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



ACP5
10/09