



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

ASBESTOS ASSESSMENT REPORT



2. Premise No. 14 Street Name St.Marks Pl. Borough Manhattan Zip 10003
3. AKA _____ Type of Facility Residential Bin 1006666 Block 463 Lot 16
4. Building Owner African American and Hispanic Co. Address 14 St.Marks Place B18
5. City Manhattan State NY Zip 10007 Contact Person Jose Fajardo
6. Tel. # 212-292-2704 Fax # N/A Email N/A

7. Description of the Entire Scope of Work
Basement where new laundry room will be going and minor interior renovation work in existing rooms 1b,6b,9b.
5d & 9e

8. I, Sam Rubin, have conducted an asbestos investigation on 3/10/10 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 _____ 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	
B, 2,4,5	Entire Bas.,rooms 1b,6b,9b,5d,9e	Wall Sheetrock	3	☐	☒	
2,4,5	Entire rooms 1b,6b,9b,5d,9e	Wall Plaster	3	☐	☒	
B, 2,4,5	Entire Bas.,rooms 1b,6b,9b,5d,9e	Ceiling Plaster	3	☐	☒	
				☐	☐	
Note:	There is always a possibility of existing ACM inside the walls and			☐	☐	
	above the ceiling.If any suspicious material are found,the job should			☐	☒	
	be stopped for reinspection by asbestos investigator.			☐	☐	

10. Analytical Laboratory WKP

11. ELAP # 11251 Date(s) Samples Analyzed 3/11/10
NYS DOH CERTIFICATION

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

Sam Rubin 3/12/10 113079 2/2/2011
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # 718-616-1666 Fax # *718-996-3034 email: SRRubin@Netzero.net

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