



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11375
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____
2. Premise No. 136 Street Name West 13 St Borough Manhattan Zip 10011
3. AKA _____ Type of Facility Residence BIN _____ Block 608 Lot 21
4. Building Owner 136 West 13th Street Owners Corp. Address 136 W 13 St
5. City NY State NY Zip 10011 Contact Person Irwin Cohen
6. Tel. # (347) 256-4299 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Interior renovation of the Apt.BA.

8. I, VICTOR KHANIN, have conducted an asbestos investigation on
02/14/2011 in accordance
Name of Certified Asbestos Investigator *Date*

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
C,B	Apt.BA	wall plaster, ceiling plaster	8	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab	11938	2/14/2011

I hereby declare the information provided herein is true and complete

VICTOR KHANIN 2/22/2011 118661 8/3/2012
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (201) 302-6058 Fax # _____ Email 123orel@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.





NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

1. NYC Buildings Dept. Application # _____

2. Premise No. 356 Street Name WEST 20TH STREET Borough Manhattan Zip 10011

3. AKA _____ Type of Facility _____ BIN 1013239 Block 00743 Lot 0077

4. Building Owner TRIUMPH PROPERTY GROUP LTD Address 12 WEST 23RD STREET, 4TH FLOOR

5. City NEW YORK State NY Zip 10010 Contact Person SHA DINOUR

6. Tel. # (212) 448-9400 Fax # _____ Email _____

7. Description of the Entire Scope of Work

COMBINE APARTMENTS 3A, 4A AND 4B INTERIOR PARTITIONS, FLOORING FINISHES AND NEW ENTRANCE AT BASEMENT REAR

8. I, SHAUL SINGER, have conducted an asbestos investigation on 1/20/2011 in accordance
Name of Certified Asbestos Investigator Date

with Sections 1-16 and 1-28 of the 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 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	DESCRIPTION SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
B, 3, 4	APARTMENT, 3A, 4A, 4B	PLASTER BASEMENT PIPE INSULATION NOT TO BE AFFECTED FOR SCOPE OF WORK	5	No	No

10. Analytical Laboratory EMSL11. ELAP # 11506 Date(s) Samples Analyzed 1/26/2011
NYS DOH CERTIFICATION

I hereby declare the information provided herein is true and complete

DEP Certified Asbestos Investigator's Signature

1/26/2011

Date

120410

Certificate Number

11/19/2012

Expiration Date

Tel. # (718) 909-7945

Fax # _____

Email esingenv@aol.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

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