



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 113

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____
2. Premise No. 945 Street Name 2nd Ave Borough Manhattan Zip 10022
3. AKA _____ Type of Facility Other BIN 1038439 Block 01324 Lot 0023
4. Building Owner 945 Realty Holdings LLC Address 945 2nd Ave
5. City Manhattan State NY Zip 10022 Contact Person Constantinos Andreacos
6. Tel. # (917) 656-3383 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Installation of new sprinkler system and HVAC equipment with mechanical duct work, with a subsequent
filing of plumbing work and ceiling lighting work.

8. I, VICTOR KHANIN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
01/25/2011 in accordance
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: 1500 sq. ft. _____ linear ft.
Specify locations (attach additional documents as necessary):
roofing material assumed.
- ☐ 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
cellar, 1-4.roof	partial	wall plaster, ceiling sheetrock, roofing material	10	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab.	11938	1/25/2011

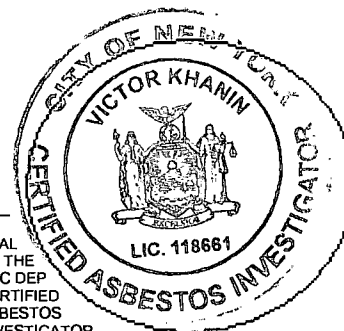
I hereby declare the information provided herein is true and complete

VICTOR KHANIN 4/5/2011 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.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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