



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. 521-523 Street Name East 72nd Street Borough Manhattan Zip 10021
3. AKA _____ Type of Facility Commercial BIN 1046262 Block 01484 Lot 0014
4. Building Owner 521 East 72nd Street Realty Co Address 9 West 57th Street, 45th Floor
5. City New York State NY Zip 10019 Contact Person Anthony Calicchio
6. Tel. # (212) 175-0256 Fax # (212) 223-5846 Email acalicchio@solo9w57.com

7. Description of the Entire Scope of Work

Install sprinkler heads and piping as shown on drawings.

8. I, STEPHEN HILLMANN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

06/22/2010 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: _____ 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:

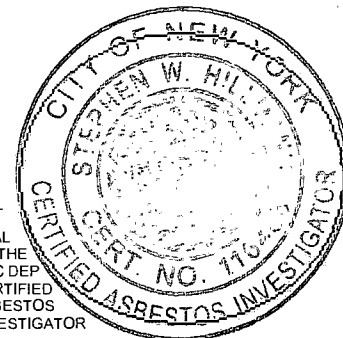
FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
5th Floor	Apartments 5A & 5B	Fireproofing, Wallboard, Floor Tile and Flashpatch	8	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Hillmann Consulting	10926	6/24/2010
EMSL	11423	6/25/2010

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

STEPHEN HILLMANN 6/16/2011 116486 11/20/2011
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
shillmann@hillmanngroup.com
Tel. # (908) 688-7800 Fax # (908) 686-2636 Email 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.



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