



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



1. NYC DOB Job # (if applicable) _____
2. Premise No. 232 Street Name EAST 125 STREET Borough Manhattan Zip 10035
3. AKA _____ Type of Facility Other BIN 1054671 Block 01789 Lot 0034
4. Building Owner RICHARD FEAR, TRUSTEE Address 349 WEST 49 STREET
5. City NEW YORK State NY Zip 10036 Contact Person BRYAN JASPER
6. Tel. # (516) 639-7828 Fax # _____ Email _____
7. Description of the Entire Scope of Work
SCAFFOLD INSTALLATION

8. I, MARTIN AMBROSE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/29/2011 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: _____ 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
OSP	FACADE	BUILDING MATERIAL	2	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL ANALYTICAL, INC.	11506	10/30/2011

I hereby declare the information provided herein is true and complete

Martin Ambrose
MARTIN AMBROSE 10/30/2011 116635 12/3/2011
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (718) 342-7686 Fax # (718) 342-7685 Email velmartin@juno.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.

