



NYC DEPART

59-17 Junc

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 1013902
2. Premise No. 108 Street Name east 116th street Borough Manhattan Zip 10029
3. AKA _____ Type of Facility _____ BIN 1052272 Block 01643 Lot 0067
4. Building Owner 108-110 E 116th st llc Address 60 east 42nd street, suite 447
5. City manhattan State NY Zip 10960 Contact Person mark iringang
6. Tel. # (212) 370-5573 Fax # _____ Email _____
7. Description of the Entire Scope of Work
removal and installation of minor partitions, new kitchen and baths, repair facade and exterior parapet, new fire escape and sprinkler, roof not affected for scope of work.

8. I, SHAUL SINGER, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
02/27/2012 _____ in accordance

Date(s)

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-5	partitions	plaster	7	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
emsl	11506	3/5/2012

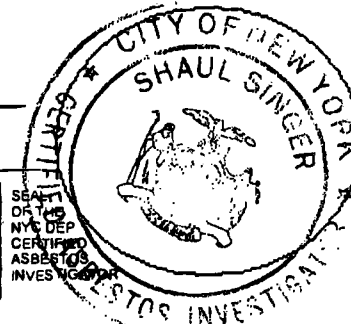
11. NYS DOL Asbestos Handling license # 55197 Company Name Singer Environmental Group, LTD

I hereby declare the information provided herein is true and complete

SHAUL SINGER 3/6/2012 120410 11/19/2012
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 437-9600 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.



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



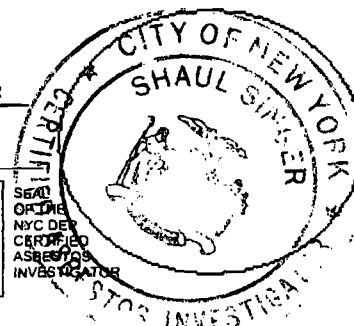
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<u>SHAUL SINGER</u>	<u>3/6/2012</u>	<u>120410</u>	<u>11/19/2012</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

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