



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 1097931

2. Premise No. 561 Street Name WEST 179TH ST Borough Manhattan Zip 10033

3. AKA _____ Type of Facility Other BIN 1079911 Block 02153 Lot 0029

4. Building Owner MAURICE MCKENZIE, MANAGER Address 561 W 179 NYC, LLC, 507 WEST 186TH STREET, SUITE A4

5. City MANHATTAN State NY Zip 10033 Contact Person MR. Guaraca

6. Tel. # (917) 299-4654 Fax # _____ Email _____

7. Description of the Entire Scope of Work

INTERIOR RENOVATION OF THE EXISTING APARTMENT 3D, 4D, 5D

8. I, MD ASHRAF ALI, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

10/14/2013

Date(s)

in accordance

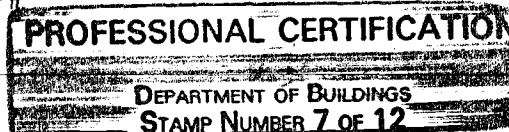
with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

☒ 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
003, 004, 005	APT 3D, 4D, 5D	NO SUSPECT ACM. SOME MINOR RENOVATION WORKS ONLY	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 62932 Company Name Architechtrual Design Solution

I hereby declare the information provided herein is true and complete

MD ASHRAF ALI 10/23/2013 119372 6/10/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 470-2472 Fax # _____ Email abid265@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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