



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: 1158164**
2. Premise No. 40 Street Name Wall Street Borough Manhattan Zip 10005
3. AKA _____ Type of Facility Commercial BIN 1001018 Block 00043 Lot 0002
4. Building Owner 40 Wall Street, LLC Address 40 Wall Street
5. City New York State NY Zip 10005 Contact Person Michael Calamari
6. Tel. # (212) 715-7248 Fax # (212) 980-8232 Email Michael.Calamari@trumporg.com
7. Description of the Entire Scope of Work
Interior renovation in West Wing of 31st Floor including demolition, plumbing, electric, non - bearing partitions, fixtures and finishes as per plan.

8. I, MAREK KRUK, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

11/20/2014 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 150 linear ft.
Specify locations (attach additional documents as necessary):
Pipe insulation behind walls.

☐ 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
31	West Wing	Plaster, Sheetrock, Thermal insulation, Fireproofing spray-on, Ceiling tile 2x2, Ceiling tile 1x1, Ceiling tile glue dots.	17	No	No
31	West Wing	Pipe insulation behind walls	0	Yes	Yes

I hereby declare the information provided herein is true and complete

MAREK KRUK 11/29/2014 126751 2/7/2015
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (718) 302-0366 Fax # (201) 223-1448 Email krukmarek@hotmail.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



25166844



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



10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical	11506	11/21/2014

11. NYS DOL Asbestos Handling license # 60418 Company Name City Green Street, Inc.

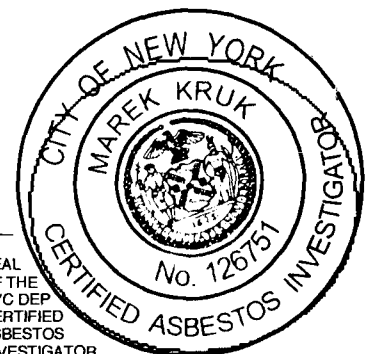
I hereby declare the information provided herein is true and complete

MAREK KRUK 11/29/2014 126751 2/7/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 302-0366 Fax # (201) 223-1448 Email krukmarek@hotmail.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



25166844