



NYC DEPARTMENT OF ENVIRONMENTAL PROT
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 1
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1137638**
2. Premise No. 406 Street Name East 10 Street Borough Manhattan Zip 10009
3. AKA n/a Type of Facility Residence BIN 1004543 Block 00379 Lot 0012
NYC Housing Preservation & Development (NYCHPD)
4. Building Owner NYCHPD Address 100 Gold Street
5. City New York State NY Zip 10038 Contact Person HPD Rep
6. Tel. # (718) 623-6924 Fax # (718) 623-6925 Email chackot@hpd.nyc.gov
7. Description of the Entire Scope of Work
To remove and install new boiler. Also to remove the existing two 275 gallon oil tank and convert oil to gas by installing gas burner on existing heating plant, gas meter bar and gas piping from meter bar to heating plant.

8. I, SUBASH THOMAS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
07/23/2014 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. 5 linear ft.
Specify locations (attach additional documents as necessary):
The contractor should take extra caution not to disturb the ACM pipe insulation(5') on steam pipes in the basement which is not in the vicinity of scope of work.
- ☐ 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
Basement	Entire	Pipe Insulation(5'). Note: Boiler is insulated with fiber glass.	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

SUBASH THOMAS 7/24/2014 118047 5/3/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 623-5572 Fax # (718) 623-6925 Email thomas@hpd.nyc.gov

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

