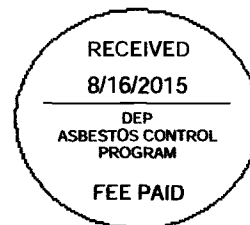




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1199610**
2. Premise No. 433 Street Name East 75th Street Borough Manhattan Zip 10021
3. AKA _____ Type of Facility Residence BIN 1045928 Block 01470 Lot 0018
4. Building Owner BAMBINI RE Address 1450 FIRST AVENUE
5. City NEW YORK State NY Zip 10021 Contact Person NORA MAZZARINO
6. Tel. # (212) 879-1844 Fax # _____ Email _____
7. Description of the Entire Scope of Work
RENOVATION OF EX. APT. #1 @ 1ST FLOOR. REPLACE EX. PLUMBING FIXTURES ON EX. ROUGHING; REPLACE KITCHEN
CABINETS AND COUNTER. REPLACE FLOOR AND WALL TILES IN BATHROOMS. PAINT THROUGHOUT. NO INCREASE IN FLOOR
AREA.

8. I, OLATUNDE OGUNDIPE, have conducted an asbestos investigation on
08/13/2015 1:00PM-1:30PM in accordance
08/13/2015 1:00PM-1:30PM 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: 10 sq. ft linear ft.
Specify locations (attach additional documents as necessary):
Assumed ACM behind intact areas. *Note - Work shall stop & CAI notified for testing if "suspect"
materials are found behind intact wall, floor & ceiling during renovation 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
1st Floor	Apt #1 Foyer/Living Room/Dining Area/Bedroom/Kitchen/Bathroom	Wall Plaster	3	No	No
1st Floor	Apt #1 Foyer/Living Room/Dining Area/Bedroom/Kitchen/Bathroom	Ceiling Plaster	3	No	No
1st Floor	Apt #1 Bedroom/Living Room/Kitchen Area	Brick Mortar	3	No	No

I hereby declare the information provided herein is true and complete

OLATUNDE OGUNDIPE 8/16/2015 122569 1/25/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (908) 344-0128 Fax # _____ Email faoenvironmental@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.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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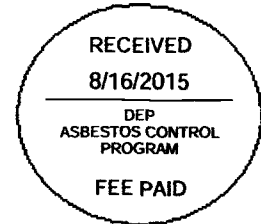


DEPT BLDGS 122437489 Job Number

SC140905009 Scan Code



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



1st Floor	Apt #1 Foyer/Living Room/Dining Area/Bedroom/Kitchen/Bathroom	Bare Wooden Floor	0	No	No
1st Floor	Apt #1 Foyer/Living Room/Dining Area/Bedroom/Kitchen/Bathroom	Assumed ACM (mastic, pipe insulation) behind intact wall, floor & ceiling. Assumed Window Caulking (LR/BRm)	0	No	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci	11480	8/16/2015

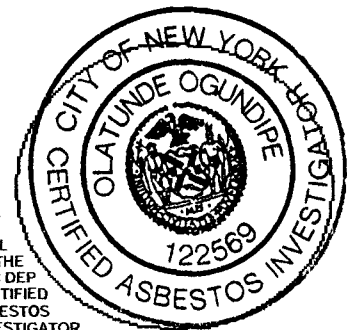
11. NYS DOL Asbestos Handling license # 62094 Company Name FAO Environmental

I hereby declare the information provided herein is true and complete

OLATUNDE OGUNDIPE  8/16/2015 122569 1/25/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (908) 344-0128 Fax # Email faoenvironmental@aol.com

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