



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: 1200051**
2. Premise No. 175 Street Name East 64th Street Borough Manhattan Zip 10065
3. AKA _____ Type of Facility Residence BIN 1042365 Block 01399 Lot 0029
4. Building Owner Amanda Taylor Address 175 East 64th Street
5. City New York State NY Zip 10065 Contact Person Amanda Taylor
6. Tel. # (917) 558-5155 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Renovate one-family dwelling with minor non-bearing partition work and plumbing work on floors: 1,2,3,4, PH. No change in use, egress or occupancy.

8. I, JEAN RENSINK, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

07/28/2015 10:45AM-11:15AM

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): _____



SC140905023 Scan Code

- ☐ 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
1,2,3,4,PH	Partial (bathrooms and kitchen)	Plaster (brown & skim coat)	10	No	
1,2,3,4,PH	Partial - bathrooms & kitchen	Sheetrock	2	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri-sci	11480	7/29/2015

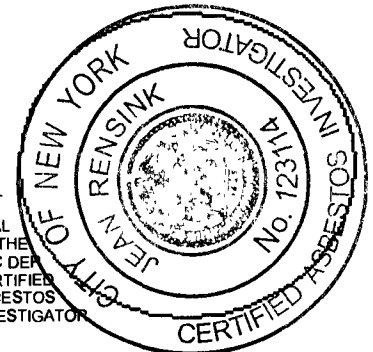
I hereby declare the information provided herein is true and complete

JEAN RENSINK 8/18/2015 123114 5/7/2016
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (845) 637-4178 Fax # _____ Email jeanrensink@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



25210802



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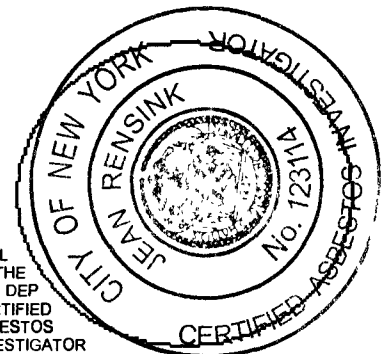
11. NYS DOL Asbestos Handling license # 28946 Company Name AA Services, LLC

I hereby declare the information provided herein is true and complete

<u>JEAN RENSINK</u>	<u>8/18/2015</u>	<u>123114</u>	<u>5/7/2016</u>
<i>DEP Certified Asbestos Investigator's Signature</i>	<i>Date</i>	<i>Certificate Number</i>	<i>Expiration Date</i>
Tel. # <u>(845) 637-4178</u> Fax # _____ Email <u>jeanrensink@aol.com</u>			

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