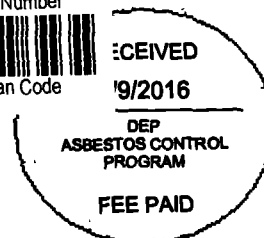




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

1. NYC DOB Job # (if applicable) _____ **Control Number: 1241288**

2. Premise No. 2725 Street Name Broadway Borough Manhattan Zip 10025

3. AKA _____ Type of Facility Commercial BIN 1056583 Block 01876 Lot 0007

4. Building Owner Steven Kurlander Address 2725 Broadway

5. City Manhattan State NY Zip 10025 Contact Person Si Chen

6. Tel. # (718) 415-4166 Fax # _____ Email _____

7. Description of the Entire Scope of Work

install a commercial sign on the exterior wall over the storefront.

8. I, DING-YEU CHEN, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

05/07/2016 12:00PM-1:30PM

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
OSP	Exterior wall	Observed existing sign was installed on the concrete wall at top area of exterior wall, lower part of exterior wall was ceramic tile wall. Photos are taken of existing condition at the time of survey.	0	No	No

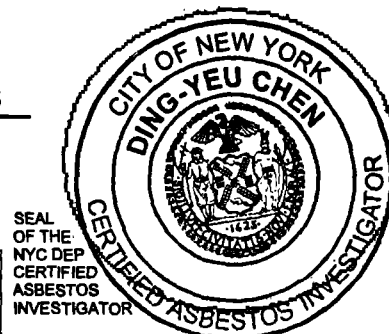
I hereby declare the information provided herein is true and complete

DING-YEU CHEN 5/9/2016 119258 11/24/2016
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 681-7078 Fax # _____

Email chiefeddie1@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

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



25254053



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
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11. NYS DOL Asbestos Handling license # 63014 Company Name Sigma Building Services, Inc.

I hereby declare the information provided herein is true and complete

DING-YEU CHEN 5/9/2016 119258 11/24/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 681-7078 Fax # _____

Email chiefeddie1@gmail1.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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