



NYC DE

59-1



ACTION



1. NYC DOB Job # (if applicable) _____ **Control Number: 1380910**
2. Premise No. 534 Street Name West 159 Street Borough Manhattan Zip 10032
3. AKA _____ Type of Facility Residence BIN 1062754 Block 02117 Lot 0019
4. Building Owner RH 534 WEST 159 STREET LP Address 534 West 159 St
5. City New York State NY Zip 10032 Contact Person Mark Silber
6. Tel. # (212) 666-3199 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Work on apt 5C, hallway and lobby.

8. I, GAVIN KWAN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/30/2017 8:00PM-8:45PM 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): _____

- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Building Floors	5	Apt 5C Partition	Plaster	3	No	
Building Floors	1 to 4	Public Hallway and Lobby Wall	New sheetrock	0	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	1/31/2018

I hereby declare the information provided herein is true and complete

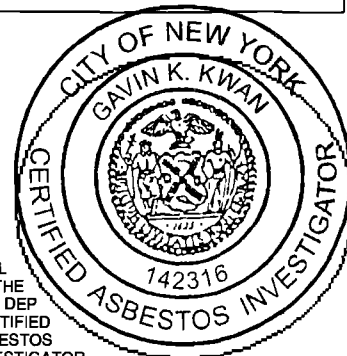
GAVIN KWAN 6K 1/31/2018 142316 9/11/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 361-9191 Fax # _____

Email gnkasbestos@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, 40 CFR 763.80, 40 CFR 763.85.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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





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



11. NYS DOL Asbestos Handling license # 103977 Company Name Kinetic Design Consultant LLC

I hereby declare the information provided herein is true and complete

<u>GAVIN KWAN</u> 	<u>1/31/2018</u>	<u>142316</u>	<u>9/11/2018</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

Tel. # (917) 361-9191 Fax # _____

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



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