



NYC



SECTION

11373



1. NYC DOB Job # (if applicable) _____ **Control Number: 1271427**

2. Premise No. 131 Street Name West 85th Street Borough Manhattan Zip 10024

3. AKA _____ Type of Facility Residence BIN 1032151 Block 01216 Lot 0016

4. Building Owner 131 West Owners Corp. Address 131 West 85th Street

5. City New York State NY Zip 10024 Contact Person Richard Zurrow

6. Tel. # (212) 645-7333 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Remove and replace damaged masonry and lintels at various facades. Remove and reconstruct damaged parapets. Remove and replace damaged concrete at north and south balconies. Repoint open mortar joints. Recaulk open sealant at each façade. Install new roofing over existing.

8. I, MATTHEW STOCK, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

10/28/2016 8:00AM-11:30AM

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:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
C,1-6,Roof	Facade Throughout	Brick & Mortar	10	No	No
C,1-6	Facade Throughout	Sill & Mortar	8	No	No
C,1-6	Facade Throughout	Window Caulking	2	No	No
1-6	Balconies	Concrete	2	No	No

I hereby declare the information provided herein is true and complete

MATTHEW STOCK

11/7/2016

116516

8/9/2017

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

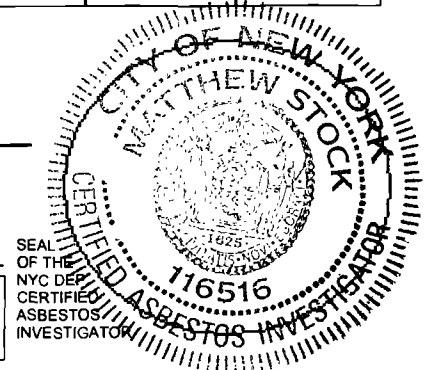
Expiration Date

Tel. # (212) 875-9506

Fax # _____

Email mattstock@msn.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.



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



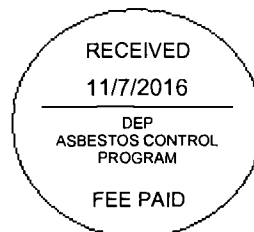
25285744



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT



Roof	Throughout	Membrane	2	No	No
Roof	Throughout	Flashing	4	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc.	11506	10/30/2016

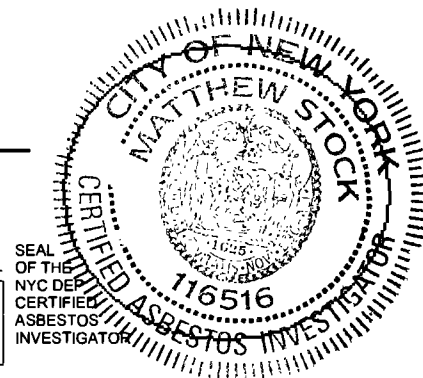
11. NYS DOL Asbestos Handling license # 28954 Company Name GAC Environmental, Inc.

I hereby declare the information provided herein is true and complete

MATTHEW STOCK 11/7/2016 116516 8/9/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 875-9506 Fax # _____Email mattstock@msn.com

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

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