



NYC DE

59-1.



ION

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 1288966
2. Premise No. 354 Street Name East 66 Street Borough Manhattan Zip 10065
3. AKA _____ Type of Facility Commercial BIN 1044723 Block 01440 Lot 0030
4. Building Owner 359 EAST 66 ST REALTY CORP Address 354 East 66 Street
5. City New York State NY Zip 10065 Contact Person Benjamin Aryeh
6. Tel. # (212) 744-2328 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Renovate existing eating and drinking establishment including remove and install equipment, partition walls and plumbing fixtures.

8. I, KENG LEE SO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
02/18/2017 9:00AM-9:30AM 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
Cellar, 1FL	Partition	Sheetrock	3	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	3/7/2017

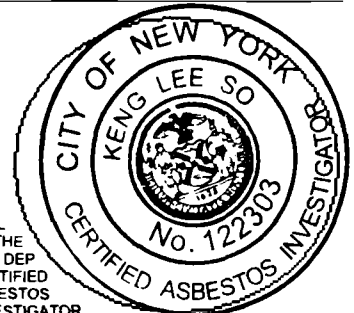
11. NYS DOL Asbestos Handling license # 59538 Company Name KS Asbestosafe, Inc.

I hereby declare the information provided herein is true and complete

KENG LEE SO 3/7/2017 122303 10/2/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 968-5925 Fax # _____
Email ks_asbestosafe@yahoo.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

