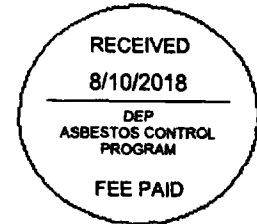


DEPT. BLDGS. 123124207 Job Number

SC170425035 Scan Code



NYC DEPT. 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: 1462401**
 2. Premise No. 250 Street Name 1st Avenue Borough Manhattan Zip 10009
 3. AKA _____ Type of Facility _____ BIN 1082875 Block 00972 Lot 0001
 4. Building Owner Stuytown Property Services Address 276 First Avenue Loop
 5. City New York State NY Zip 10009 Contact Person Richard Hayduk
 6. Tel. # (212) 598-5201 Fax # _____ Email _____

7. Description of the Entire Scope of Work
 INTERIOR RENOVATION TO APARTMENT 10-C (11TH FLOOR) AS INDICATED ON THE ATTACHED DRAWINGS. THERE ARE NO CHANGES IN USE, EGRESS OR OCCUPANCY.

8. I, BORIS GEYMAN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
08/07/2018 12:00PM-1:00PM 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: 1064 sq. ft 32 linear ft.
 Specify locations (attach additional documents as necessary):
11th Floor; Apartment 10C - Bathroom and Kitchen Wall Chase & Risers - Pipe Insulation
11th Floor; Apartment 10C, Perimeter Walls - Wall Tar
11th Floor; Apartment 10C, Throughout - Floor Tile
☐ 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	011	Suite 10C, Throughout	Gypsum Board	2	No	
Building Floors	011	Unit 10C, Throughout	Joint Compound	2	No	
Building Floors	011	Unit 10C, Throughout	Plaster	5	No	

I hereby declare the information provided herein is true and complete

BORIS GEYMAN 8/10/2018 143221 12/6/2018
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
 Tel. # (212) 545-1855 Fax # _____

Email bgeyman@adv-env.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.

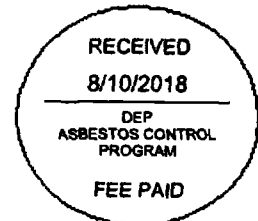
SEAL OF THE
 NYC DEP
 CERTIFIED
 ASBESTOS
 INVESTIGATOR

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



Building Floors	011	Unit 10C, Kitchen	Counter Caulking	2	No	
Building Floors	011	Unit 10C, Bathroom	Fixture Caulking	2	No	
Building Floors	011	Unit 10C, Throughout	AC Unit Caulking	2	No	
Building Floors	011	Unit 10C, Kitchen & Bathroom	Ceramic Grout	2	No	
Building Floors	011	Unit 10C, Bathroom & Kitchen Wall Chase & Risers	Pipe Insulation (ACM Material not to be impacted by the scope of work)	0	Yes	Yes
Building Floors	011	Unit 10C, Perimeter Walls	Wall Tar (ACM Material not to be impacted by the scope of work)	0	Yes	Yes
Building Floors	011	Unit 10C, Throughout	Floor Tile (ACM Material not to be impacted by the scope of work)	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri Sci	11480	8/7/2018

11. NYS DOL Asbestos Handling license # 39326 Company Name Advanced Environmental Corp

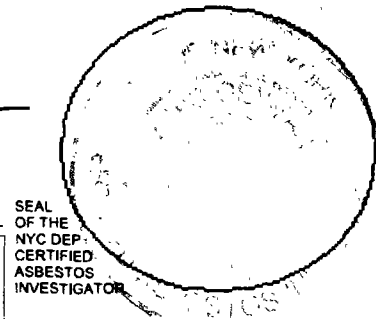
I hereby declare the information provided herein is true and complete

BORIS GEYMAN 8/10/2018 143221 12/6/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 545-1855 Fax # _____

Email bgeyman@adv-env.com

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



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