



NYC DEPAR

DEPT BLDGS Job No. 123166554



Scan Code ESHS3972835

ON

ASBESTOS Control Program

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

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 1366048

2. Premise No. 17 Street Name Thompson Street Borough Manhattan Zip 10013

3. AKA _____ Type of Facility Commercial BIN 1002947 Block 00227 Lot 0055

4. Building Owner Alchemy Address 1384 Broadway, Suite 804

5. City New York State NY Zip 10018 Contact Person Michael Freedman

6. Tel. # (646) 884-9866 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Non-illuminated advertising wall sign.

8. I, VALENTINO BUONO, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

12/15/2017 11:00AM-11:30AM

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 stated 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
Facade	1	Partial (Strictly work area)	Brick/concrete	0	No	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 68505 Company Name Precision Plumbing Services Inc.

I hereby declare the information provided herein is true and complete

VALENTINO BUONO 12/22/2017 114663 9/15/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 939-9589 Fax # _____

Email vbuono@precision-svcs.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.



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



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