



NYC DEPARTMENT 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: 1327824**
2. Premise No. 2081 Street Name 7th Ave Borough Manhattan Zip 10027
3. AKA _____ Type of Facility School BIN 1057817 Block 01909 Lot 0001
4. Building Owner Michael Henderson of Greater Refuge Temple Address 2081 7th Avenue
5. City Manhattan State NY Zip 10027 Contact Person Michael Henderson
6. Tel. # (212) 866-1700 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Replace (2) gas-fired hot water boilers as per plans. Replacement of (1) hot water storage tank.

NOTE: This acp5 is issued strictly and limited to the work area as per job description above, if there is any change, amending plans, adding or extending work area, any insulated pipe or unreachable material behind walls or any acm suspect, contact person or owner must call immediately the investigator for reinspection.

8. I, JULIO CORPORAN, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

06/14/2017 10:00AM-11:00AM

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	Southeast at rear end boiler room, (2) hot water boiler replaced(work area)	Furnace plaster	0	Yes	Yes

I hereby declare the information provided herein is true and complete

JULIO CORPORAN 6/28/2017 119167 8/17/2018
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
Tel. # (347) 270-2876 Fax # _____
Email JulioCorporan@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



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





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LYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
DOL Asbestos Handling license # <u>94723</u> Company Name <u>Julio J. Corporan</u>		

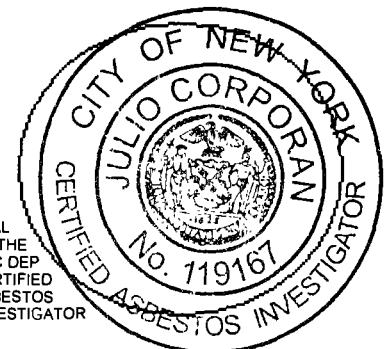
declare the information provided herein is true and complete

CORPORAN 6/28/2017 119167 8/17/2018
Asbestos Investigator's Signature Date Certificate Number Expiration Date

347) 270-2876 Fax # _____

ulio.Corporan@Gmail.com

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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



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