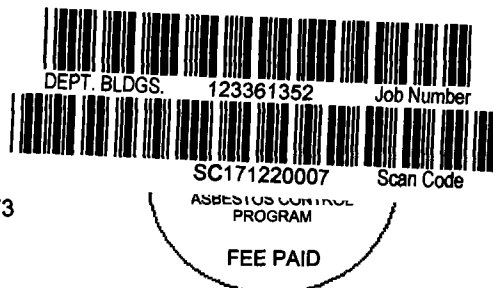




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1383056**

2. Premise No. 406 Street Name E. 73 ST. Borough Manhattan Zip 10021

3. AKA _____ Type of Facility Commercial BIN 1045860 Block 01467 Lot 0043

4. Building Owner NATALINA REALTY Address 226 W. 72 ST.

5. City NEW YORK State NY Zip 10023 Contact Person MICHAEL BRUSCO

6. Tel. # (128) 773-978 Fax # _____ Email _____

7. Description of the Entire Scope of Work
HEREWITH FILE TO INSTALL GREASE TRAP FOR EXIST. RESTAURANT WITH PLUMBING PIPING WORK. NO CHANGE IN USE, EGRESS, AND OCCUPANCY

8. I, JIN LEE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
02/08/2018 9:00AM-9:30AM 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:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Cellar		HALLWAY	GWB CEILING	2	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
KAM CONSULTANTS	11273	2/13/2018

11. NYS DOL Asbestos Handling license # 60236 Company Name NYC Building Consulting Service Inc.

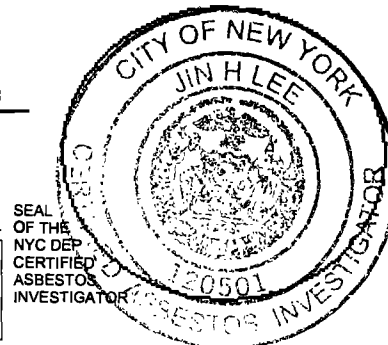
I hereby declare the information provided herein is true and complete

JIN LEE 2/14/2018 120501 11/25/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 888-9497 Fax # (718) 888-9195

Email nycbcs@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, 40 CFR 763.80, 40 CFR 763.85.



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

