



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: 1418544**
2. Premise No. 118 Street Name West 13th Street Borough Manhattan Zip 10011
3. AKA _____ Type of Facility Commercial BIN 1010613 Block 00608 Lot 0029
4. Building Owner The New School University Address 113 University Place, 6th Floor
5. City Manhattan State NY Zip 10003 Contact Person Mr. Adam Reale
6. Tel. # 2122295192 Fax # _____ Email realea@newschool.edu

7. Description of the Entire Scope of Work
Work to involve turnstile installation within 1st floor lobby by security desk. xxxxxxxxxxxxxxxx

8. I, EDISON DUDLEY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
05/11/2018 10:00AM-11:00AM 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
Building Floors	1	Lobby by Security Desk	Ceramic Floor Tile	2	No	
Building Floors	1	Lobby by Security Desk	Grout/Mortar Material to Ceramic Floor Tile	2	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Laboratory Testing Services, Inc.	10955	5/14/2018

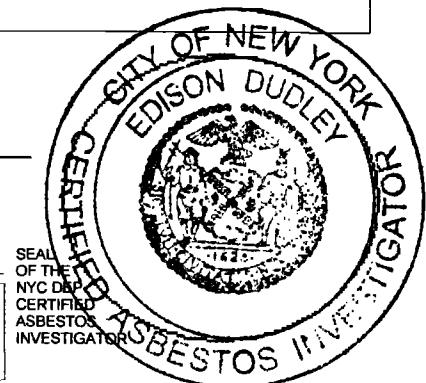
I hereby declare the information provided herein is true and complete

Edison Dudley 5/17/2018 112774 1/30/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (914) 769-6333 Fax # _____

Email edudley@emsofny.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



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5/17/2018 10:38:42 AM





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11. NYS DOL Asbestos Handling license # 28987 Company Name Environmental Management Solutions Of New York, In

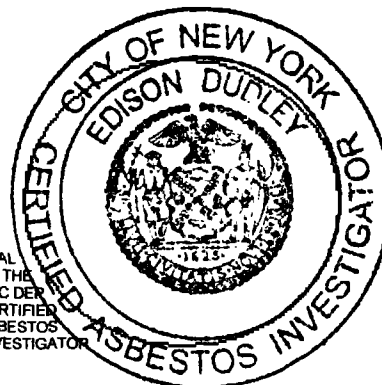
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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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