



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



Control Number: 1602096

1. NYC DOB Job # (if applicable) _____
2. Premise No. 351 Street Name Canal Street Borough Manhattan Zip 10013
3. AKA _____ Type of Facility Commercial BIN 1084859 Block 00229 Lot 0006
4. Building Owner Amy Tarlowe Address 140 Broadway
5. City New York City State NY Zip 10005 Contact Person Amy Tarlowe
6. Tel. # (718) 640-1666 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

CONVERT EXIST. BLDG. TO COMMERCIAL USE FROM 2ND TO FIFTH FLOOR.
WORK INC.: RELOCATE EXIST. FIRE DOOR AT CELLAR, REMOVE EXIST.
STAIRCASE & INFILL EXIST. OPN'G. WORK ALSO INC. REMOVE
& REBUILT EXIST. NON-LOAD PART. AND REMOVE/REPLACE/RELOCATE
PLUMB. FIX. REPLACE ONE WINDOW FROM 2ND TO 5TH FL. AN AMENDED C
OF O TO BE OBTAINED UPON JOB COMPLETE

8. I, AARON DANCY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
06/24/2019 5:30PM-7:00PM 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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
- ☐ 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: 300 sq. ft 0 linear ft.
- ☐ d. entire building is free of asbestos containing material (ACM).

I hereby declare the information provided herein is true and complete

AARON DANCY 6/27/2019 145883 10/29/2019
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
Tel. # (347) 847-1544 Fax # _____
Email diordancy@yahoo.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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9. RESULTS OF ASBESTOS BUILDING SURVEY:

Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-2 to 5	Portion of work area	Sheetrock(7), Mortar(3), Linoleum(4), Ceiling Tile (2), Grout(4)	20	No	No				
Roof	Portion of Area	Membrane(2)	2	Yes	No	300		No	c
Roof	Portion	Stucco	3	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	6/25/2019
Metro Analytical Laboratories	12003	6/26/2019
Atlas Environmental Laboratories	11999	6/27/2019

11. NYS DOL Asbestos Handling license # 56080 Company Name Avi Jay Inc.

12. Comment

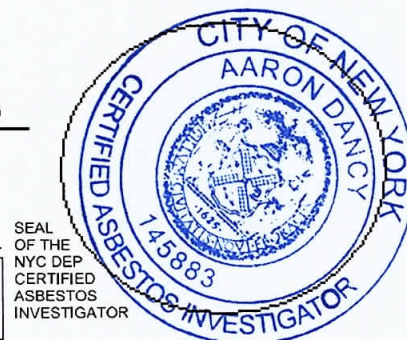
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