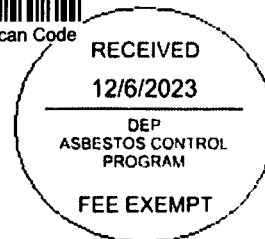




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 11147656**

2. Premise No. 40 Street Name Madison Street Borough Manhattan Zip 10038
 Bldg#10, Sh#010 at Smith

3. AKA Houses Type of Facility Residence BIN 1077419 Block 00111 Lot 0100

4. Building Owner New York City Housing Authority (NYCHA) Address 24-02 49th Avenue, 3rd floor

5. City Long Island City State NY Zip 11106 Contact Person Marc Soffer

6. Tel. # (718) 730-8280 Fax # (718) 730-8280 Email Marc.Soffer@nycha.nyc.gov

7. Work Type PL Plumbing

Description of the Entire Scope of Work

New underground domestic water and fire line piping will be installed between each building with new core drill penetration into the foundation wall. All existing underground piping will be abandoned in place & capped according to the drawings, A-103.01 & C-102.01.

8. I, SYED UDDIN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
11/08/2023 12:45PM-1:30PM 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: _____ sq. ft _____ linear ft.
- ☐ d. entire building is free of asbestos containing material (ACM).

I hereby declare the information provided herein is true and complete

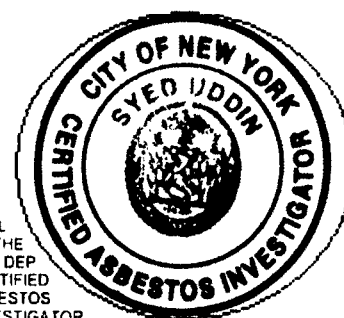
SYED UDDIN Syed Uddin 12/6/2023 120831 2/21/2025
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 707-5224 Fax # (718) 707-5620

Email syed.uddin@nycha.nyc.gov

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

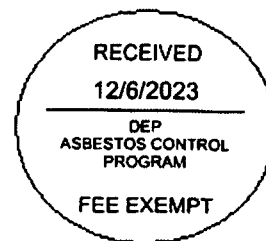
SEAL OF THE
 NYC DEP
 CERTIFIED
 ASBESTOS
 INVESTIGATOR



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
Cellar	Exterior foundation wall in the vicinity of work area	Wall - concrete	0	No	No				a
Cellar	Exterior foundation wall in the vicinity of work area	Foundation wall damp proofing not found in the vicinity of work area	0	No	No				a
Cellar	Exterior brick wall above foundation wall in the vicinity of work area	Mortar associated with brick wall	2	No	No				a
Cellar	Tank Room	Ceiling - concrete; walls - concrete, pipe insulation - fiberglass	0	No	No				a
Cellar	Tank Room	Fiberglass pipe insulation paper wrapped	3	No	No				a
Cellar	Tank Room	Mortar associated with cinderblock wall	2	No	No				a

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Kam Consultants Inc	11273	11/9/2023

11. NYS DOL Asbestos Handling license # 29024 Company Name New York City Housing Authority

12. Comment

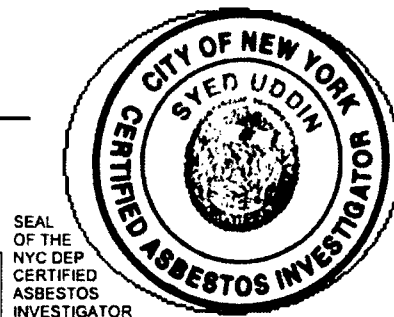
I hereby declare the information provided herein is true and complete

SYED UDDIN Syed Uddin 12/6/2023 120831 2/21/2025
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Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No