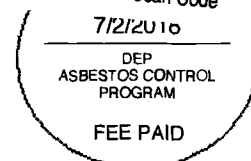


**NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION**Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373**ASBESTOS ASSESSMENT REPORT**

1. NYC DOB Job # (if applicable) _____ **Control Number: 1436073**

2. Premise No. 210 Street Name West 107th Street Borough Manhattan Zip 10025

3. AKA _____ Type of Facility Residence BIN 1056642 Block 01878 Lot 0037

4. Building Owner 207 West 107th Street LLC Address P.O. Box 967

5. City NEW YORK State NY Zip 10272 Contact Person YEHUDA RUZORSKY

6. Tel. # (212) 613-1700 Fax # _____ Email chaim@archrockgroup.com

7. Description of the Entire Scope of Work

Interior renovation of Apartment 6I & 1I only. No window work or repairs.8. I, GERALD NWANJI, have conducted an asbestos investigation onName of Certified Asbestos Investigator06/28/2018 12:30PM-1:30PMDate(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: 1560 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary).
1500 SF of all flooring materials, glue, mastic under wood & laminated wood floors in Apartment 1I & 6I.
60 SF of VFT in Apt. 1I kitchen.
- ☐ 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	Apt 1I Flooring	All flooring materials, glue, mastic under wood & laminated wood floors in VFT in kitchen	0	Yes	Yes
Building Floors	6	Apt 6I Flooring	All flooring materials, glue, mastic under wood & laminated wood floors in	0	Yes	Yes

I hereby declare the information provided herein is true and complete

GERALD NWANJIG.N7/2/20181440383/3/2019DEP Certified Asbestos Investigator's SignatureDateCertificate NumberExpiration DateTel # (631) 933-6160

Fax # _____

Email charisconsultants16@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

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

Building Floors	6	Apt.6I Throughout	Ceiling plaster	3	No	No
Building Floors	6	Apt.6I Throughout	Wall plaster	3	No	No
Building Floors	6	Apt.6I Bathroom Floors	Grout	2	No	No
Building Floors	6	Apt.6I Bathroom	Wall glue	2	No	No
Building Floors	6	Apt.6I Bathroom	Brown drywall	2	No	No
Building Floors	6	Apt.6I Throughout	Joint compound	3	No	No
Building Floors	1	Apt. 1I Bathroom	Cement board	2	No	No
Building Floors	1	Apt. 1I	Wall plaster	2	No	No
Building Floors	1	Apt. 1I Living,bedroom	Drywall	2	No	No
Building Floors	1	Apt. 1I throughout	Drywall joint compound	3	No	No
Building Floors	1	Apt. 1I	Ceiling plaster	2	No	No
Building Floors	1	Apt. 1I	Joint compound	2	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	6/28/2018
Metro Analytical Laboratories	12003	6/29/2018

11. NYS DOL Asbestos Handling license # 102178 Company Name Charis Consultant Services LLC**I hereby declare the information provided herein is true and complete**

GERALD NWANJI GIN 7/2/2018 144038 3/3/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (631) 933-6160 Fax # _____Email charisconsultants16@gmail.com

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

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