



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: 1644427**
2. Premise No. 155 Street Name East 29th Street Borough Manhattan Zip 10016
3. AKA _____ Type of Facility Residence BIN 1018263 Block 00885 Lot 0042
4. Building Owner Ogden CAP Properties LLC Address 155 East 31 Street
5. City New York State NY Zip 10016 Contact Person Scott Wickers
6. Tel. # (212) 213-4580 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

Exterior facade and marquee renovation. No change in use, egress or occupancy.

8. I, MATTHEW STOCK, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
08/06/2018 8:00AM-9:30AM, 11/25/2019 9:00AM-11:30AM 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. 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).

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
Facade-1	Throughout	Brick	6	No	No				
Facade-1	Throughout	Brick Mortar	6	No	No				

I hereby declare the information provided herein is true and complete

MATTHEW STOCK 12/2/2019 116516 8/9/2021
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (212) 875-9506 Fax # _____

Email mattstock@msn.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.

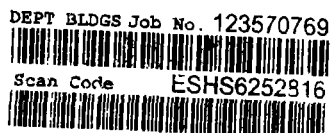


Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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12/2/2019 11:43:32 AM



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Facade-1	Throughout	Marble	2	No	No				
Facade-1	Throughout	Marble Mortar	2	No	No				
Facade-1	Throughout	Marble Caulking	2	No	No				
Facade-1	Throughout	Wall Caulking	2	No	No				
Facade-1	Throughout	Door/Window Caulking	2	No	No				
Outside Space	Marquee Area	Planter Brick	2	No	No				
Outside Space	Marquee Area	Planter Brick Mortar	3	No	No				
Outside Space	Marquee Area	Planter Coping Stone	2	No	No				
Outside Space	Marquee Area	Planter Coping Stone Mortar	3	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc.	11506	11/29/2019

11. NYS DOL Asbestos Handling license # 28954 Company Name GAC Environmental, Inc.

12. Comment

I hereby declare the information provided herein is true and complete

MATTHEW STOCK 12/2/2019 116516 8/9/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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