



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: 1329590**
2. Premise No. 217 Street Name East 115th Street Borough Manhattan Zip 10029
3. AKA _____ Type of Facility Residence BIN 1052523 Block 01665 Lot 0009
4. Building Owner Joseph Jamal Address 1385 Broadway
5. City New York State NY Zip 10013 Contact Person Joseph Jamal
6. Tel. # (212) 417-9207 Fax # _____ Email Joseph@IcerRealEstate.com

7. Description of the Entire Scope of Work

FILING HEREWITH PLANS FOR THE INTERIOR RENOVATION OF EXISTING 4 STORY RESIDENTIAL BUILDING WORK TYPES TO INCLUDE ARCHITECTURAL, MECHANICAL, PLUMBING, SPRINKLER, STRUCTURAL AND FIRE ALARM.

8. I, MOHYMEN ELZAKY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

06/27/2017 10:15AM-11:15AM 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 amount of asbestos 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:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
First	Front Area (near stairwell)	Fiberglass Insulation	3	No	No
First	Rear Area (interior walls)	Fiberglass insulation	3	No	No
Second	Front Area (near stairwell)	Fiberglass Insulation	3	No	No
Third	Front Area (near stairwell)	Fiberglass Insulation	4	No	No
Third	Rear Area (interior walls)	Fiberglass Insulation	2	No	No

I hereby declare the information provided herein is true and complete

MOHYMEN ELZAKY 7/9/2017 134141 1/1/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 596-2427 Fax # _____

Email melzaky@maeconsultants.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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Roof	Buildhead (Interior Stairwell wall)	Fiberglass Insulation	3	No	No
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental	11999	7/6/2017

11. NYS DOL Asbestos Handling license # 75768 **Company Name** MAE Property Consultants**I hereby declare the information provided herein is true and complete**

MOHYMEN ELZAKY 7/9/2017 134141 1/1/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 596-2427 Fax # _____Email melzaky@maeconsultants.com

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