



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: 1637474**
2. Premise No. 179 Street Name E. 79TH ST Borough Manhattan Zip 10075
3. AKA APT. 1B Type of Facility _____ BIN 1047475 Block 01508 Lot 0031
4. Building Owner 179 TENANTS CORP Address 179 E. 79TH ST.
5. City NEW YORK State NY Zip 10075 Contact Person SUSAN HICKEY
6. Tel. # (212) 737-6225 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

MINOR INTERIOR PARTITION, DEMOLITION AND CONSTRUCTION IN CONJUNCTION WITH APARTMENT RENOVATION. MODIFY CLOSETS, BATHROOM AND KITCHEN LAYOUT. INSTALL NEW LIGHTING. PERFORM PLUMBING FIXTURE MODIFICATION AND MECHANICAL EQUIPMENT INSTALLATION UNDER DOB NOW BUILD AS A SEPARATE FILING. NO CHANGE TO USE, EGRESS, OCCUPANCY OR FIRE PROTECTION.

8. I, MICHAL KOSCINSKI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

10/04/2019 8:00AM-10:00AM 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)



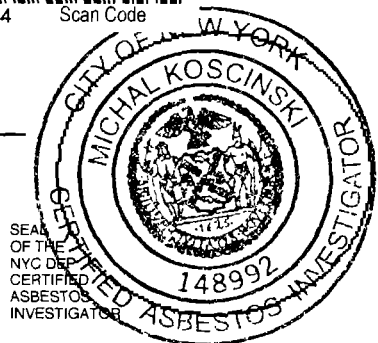
I hereby declare the information provided herein is true and complete

MICHAL KOSCINSKI 10/15/2019 148992 11/26/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 551-5989 Fax # _____

Email info@mkmenv.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

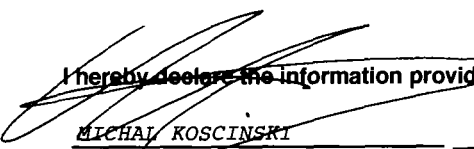


Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



**NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION**Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373**ASBESTOS ASSESSMENT REPORT****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-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	CEILING PLASTER BROWN COAT	3	No	No				
Building Floors-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	CEILING PLASTER WHITE COAT	3	No	No				
Building Floors-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	WALL PLASTER BROWN COAT	3	No	No				
Building Floors-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	WALL PLASTER WHITE COAT	3	No	No				
Building Floors-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	MASTIC UNDER MIRRORS IN BATHROOM	2	No	No				
Building Floors-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	WHITE CERAMIC WALL TILE MORTAR - BATHROOM	2	No	No				
Building Floors-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	WHITE CERAMIC WALL TILE GROUT BATHROOM	2	No	No				
Building Floors-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	BLUE/RED CERAMIC FLOOR TILE MORTAR - BATHROOM	2	No	No				
Building Floors-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	BLUE/RED CERAMIC FLOOR TILE GROUT	2	No	No				
Building Floors-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	BEIGE CERAMIC FLOOR TILE MORTAR - KITCHEN	2	No	No				
Building Floors-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	BEIGE CERAMIC FLOOR TILE GROUT - KITCHEN	2	No	No				
Building Floors-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	BEIGE CERAMIC WALL TILE MORTAR - KITCHEN	2	No	No				
Building Floors-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	BEIGE CERAMIC WALL TILE GROUT - KITCHEN	2	No	No				


I hereby declare the information provided herein is true and completeMICHAŁ KOSCIŃSKI10/15/201914899211/26/2019

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

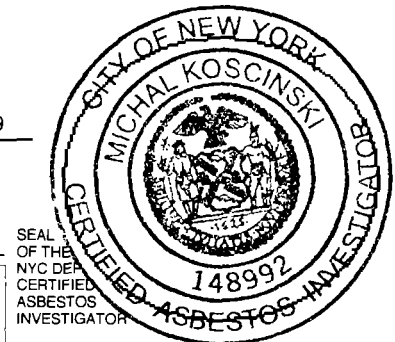
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Building Floors-1 to 1	LIVING ROOM, BATHROOM, KITCHEN	BRICK MORTAR - KITCHEN ABANDONED SHAFT	2	No	No				
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
KAM CONSULTANTS	11273	10/7/2019

11. NYS DOL Asbestos Handling license # 111758 Company Name MKM Environmental Consulting LLC

12. Comment

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MICHAŁ KOŚCINSKI 10/15/2019 148992 11/26/2019
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