



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

DEPT BLDGS Job No. 123700708



Scan Code ESHS4767033

FEE PAID

1. NYC DOB Job # (if applicable) _____

Control Number: 1659265

2. Premise No. 21 Street Name East 87th Street Borough Manhattan Zip 10128

3. AKA _____ Type of Facility Residence BIN 1046915 Block 01499 Lot 0014

4. Building Owner Federico Gilly Address 260 Madison Avenue, 12th Floor

5. City New York State NY Zip 10016 Contact Person Federico Gilly
fguilty@daniellealbertarchitect.com

6. Tel. # (212) 271-0330 Fax # (646) 329-0330 Email _____

7. Work Type General Construction

Description of the Entire Scope of Work

Minor renovation of apartment 12B in the kitchen and master bathroom only. New penetration for thru-wall A/C unit & cooking exhaust duct. Partition, HVAC, plumbing and electrical system modifications as required for the new layout. The pipes within chases and the rest of the apartment will not be disturbed and are excluded from the inspection.

8. I, RICHARD MASSARI, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

09/11/2019 1:00PM-2:00PM

Date(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. 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

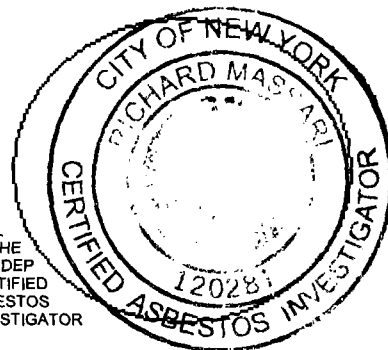
RICHARD MASSARI 1/13/2020 120281 11/27/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 475-4122 Fax # (212) 477-8941

Email rich@habader.net

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



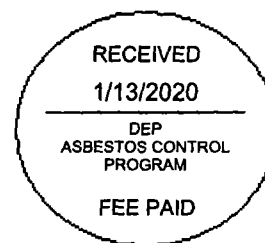
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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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
Building Floors-12	Apt. 12B - Kitchen & Master Bathroom	Stone Tile Grout	3	No	No				
Building Floors-12	Apt. 12B - Kitchen & Master Bathroom	Drywall	3	No	No				
Building Floors-12	Apt. 12B - Kitchen & Master Bathroom	Joint Compound	5	No	No				
Building Floors-12	Apt. 12B - Kitchen Exterior Facade	Brick Mortar	3	No	No				
Building Floors-12	Apt. 12B - Kitchen, Exterior of Window Frames	Window Caulking	2	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci	11480	9/12/2019

11. NYS DOL Asbestos Handling license # 28903 Company Name H.A. Bader Consultants, Inc.

12. Comment

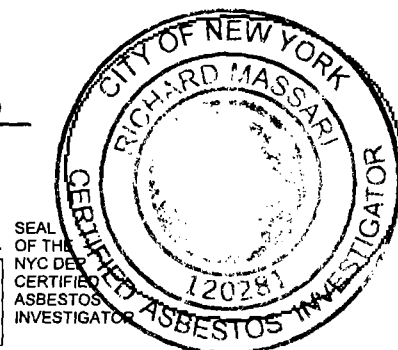
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