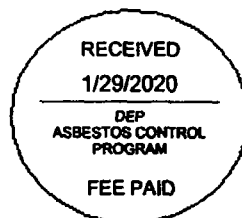




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1671419**
2. Premise No. 231 Street Name W. 39th St Borough Manhattan Zip 10018
3. AKA _____ Type of Facility Commercial BIN 1014499 Block 00789 Lot 0021
231/249 West 39th St
4. Building Owner Associates Address Schur Management, 2432 Grand Concourse
5. City Bronx State NY Zip 10458 Contact Person Bryan Caulfield
6. Tel. # (718) 733-6300 Fax # _____ Email _____
7. Work Type MH Mech/ HVAC, General Construction

Description of the Entire Scope of Work
Interior build-out of tenant space on the 5th floor.

This report supersedes #1620482
Owner/contractor to contact an investigator should scope of work change to conduct a subsequent investigation.

8. I, LINDA PEREZ, have conducted an asbestos investigation on
08/23/2019 10:30AM-11:30AM in accordance
Name of Certified Asbestos Investigator *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).

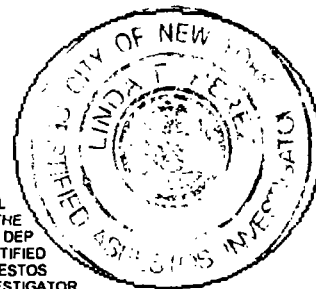
I hereby declare the information provided herein is true and complete

LINDA PEREZ 1/29/2020 112813 12/22/2021
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
Tel. # (718) 409-4445 Fax # _____

Email tristatebuilding@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.

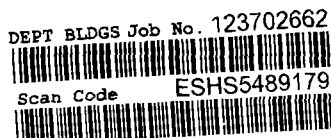
SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



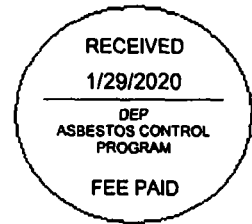
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Page 1 of 2 ACP5 10/2018



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
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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-5 to 5	Walls throughout tenant space	plaster	5	No	No				
Building Floors-5 to 5	Ceiling throughout tenant space	Plaster	4	No	No				
Building Floors-5 to 5	Ceiling at small foyer near entry (about 20 sf)	acoustic fiberboard ceiling tile	3	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab Corp	11999	8/23/2019
Atlas Environmental Lab Corp	11999	8/24/2019

11. NYS DOL Asbestos Handling license # 42941 Company Name Tri-State Building Solutions Inc.

12. Comment

Only the 5th Floor tenant space is included in this report.
Ceiling and walls homogeneous material. Conditions: good.
Owner/general contractor to stop work and call for subsequent investigation should proposed construction work uncover concealed suspect materials.
The existing elevator lobbies at front entry and at middle of space (core) are excluded from the survey because of scope of work.

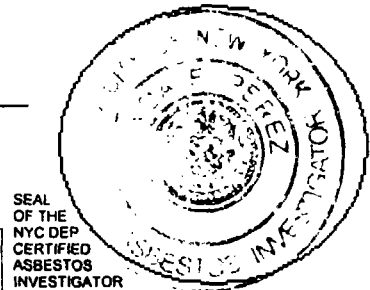
I hereby declare the information provided herein is true and complete

LINDA PEREZ 1/29/2020 112813 12/22/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 409-4445 Fax # _____

Email tristatebuilding@gmail.com

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



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