



NYC DEP

DEPT. BLDGS 123710993 Job Number



SC181108029 Scan Code

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT

TION



1. NYC DOB Job # (if applicable) _____ **Control Number: 1543199**
2. Premise No. 600 Street Name Sixth Avenue Borough Manhattan Zip 10011
3. AKA _____ Type of Facility Commercial BIN 1015407 Block 00819 Lot 7502
4. Building Owner Lyla Associates Address 73 Spring Street, 6th floor
5. City New York State NY Zip 10012 Contact Person Albert Laboz
6. Tel. # (212) 431-7500 Fax # _____ Email _____
7. Work Type MH Mech/ HVAC, SP Sprinkler, General Construction

Description of the Entire Scope of Work

Renovations to commercial retail spaces on both the cellar and first floors. Refiling of report 1542627 which had the wrong address.

8. I, DAVID TURNER, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

02/24/2019 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).

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
Cellar	East Section	Floor Tile	1	No	No				
Cellar	Entire	spray on fireproofing	3	No	No				

I hereby declare the information provided herein is true and complete

DAVID TURNER 3/4/2019 116768 3/30/2019
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (212) 594-0840 Fax # (212) 594-1530

Email davidturner@verizon.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.



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



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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
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Ground Floor	entire	Ceiling Tile	2	No	No				
Ground Floor	entire	Drywall	2	No	No				
Ground Floor	entire	Carpet	2	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
emsl	198.1 & 6	2/27/2019

11. NYS DOL Asbestos Handling license # 51007 Company Name David Turner Architect, P.C.

12. Comment

I hereby declare the information provided herein is true and complete

DAVID TURNER 3/4/2019 116768 3/30/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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