



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: 1583587**
2. Premise No. 50 Street Name East 13th Street Borough Manhattan Zip 10003
3. AKA _____ Type of Facility Commercial BIN 1009206 Block 00564 Lot 0031
4. Building Owner Stanley Rosenberg Address 48-50 East 13th Street
5. City Manhattan State NY Zip 10003 Contact Person Stanley Rosenberg
6. Tel. # (212) 533-3650 Fax # _____ Email _____
7. Work Type MH Mech/ HVAC

Description of the Entire Scope of Work

Prepare File And Approve Plans To Replace HVAC System In Commercial Space

8. I, AARON DANCY, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

05/03/2019 2:30PM-3:15PM

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
Building Floors-1 to 1	Portion (Ceiling/Wall)	Plaster(3), Sheetrock(3)	6	No	No				

I hereby declare the information provided herein is true and complete

AARON DANCY

5/7/2019

145883

10/29/2019

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (347) 847-1544

Fax # _____

Email diordancy@yahoo.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



Z5597293

5/7/2019 2:25:23 PM

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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	5/5/2019

11. NYS DOL Asbestos Handling license # 56080 Company Name Avi Jay Inc.

12. Comment

I hereby declare the information provided herein is true and complete

AARON DANCY 5/7/2019 145883 10/29/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 847-1544 Fax # _____

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