



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: 1584474**
2. Premise No. 520 Street Name 2nd Ave Borough Manhattan Zip 10016
3. AKA Apt 20D Type of Facility Residence BIN 1082736 Block 934 Lot 1
4. Building Owner BPP Kips Bay Holding, LLC Address 520 Second Ave, 20D
5. City New York State NY Zip 10016 Contact Person Mark
6. Tel. # (347) 331-4836 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

Interior Alterations to Apartment 20D As Per Plans Filed Herewith. No Change to Use, Egress or Occupancy.

8. I, TERRENCE MILLER, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
05/08/2019 9:30AM-9:45AM 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: 440 sq. ft 0 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-20 to 20	Apt 20D Living Room/Bedroom Area Ceiling	Stucco	3	No					

I hereby declare the information provided herein is true and complete

TERRENCE MILLER 5/13/2019 143014 7/13/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 426-4610 Fax # _____

Email tmiller@alliedasbestosinspectors.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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Building Floors-20 to 20	Apt 20D Bathroom Walls	Ceramic Tile/Plaster	0	Yes	Yes	125		No	c
Building Floors-20 to 20	Apt 20D Bathroom Ceiling	Stucco	0	Yes	Yes	35		No	c
Building Floors-20 to 20	Apt 20D Bathroom Floor	Ceramic Tile	0	Yes	Yes	35		No	c
Building Floors-20 to 20	Apt 20D Kitchen Walls	Sheetrock	0	Yes	Yes	135		No	c
Building Floors-20 to 20	Apt 20D Kitchen Ceiling	Stucco	0	Yes	Yes	55		No	c
Building Floors-20 to 20	Apt 20D Kitchen Floor	Ceramic Tile	0	Yes	Yes	55		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri Sci	11480	5/11/2019

11. NYS DOL Asbestos Handling license # 35362 Company Name Allied Asbestos Inspectors, Inc.

12. Comment

Photos Taken at Time of Survey. All Assumed ACM Will Not Be Disturbed.

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