



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: 1641258**
2. Premise No. 1513 Street Name Lexington Avenue Borough Manhattan Zip 10029
3. AKA _____ Type of Facility Residence BIN 1076344 Block 01625 Lot 0052
4. Building Owner 1513 Lexington avenue hdfc Address 1513 Lexington ave
5. City New York State NY Zip 10029 Contact Person Elizabeth Pinales
6. Tel. # (646) 457-0024 Fax # _____ Email elizpinales@aol.com
7. Work Type PL Plumbing, MH Mech/ HVAC, SP Sprinkler, FA Fire Alarm, General Construction

Description of the Entire Scope of Work

Filing for general construction, plumbing, sprinkler, mechanical and fire alarm modifications to the cellar, 1st-5th floors. As per plans filed herewith. No change in egress, use or occupancy.

8. I, NICHOLAS KOUNDOURAKIS, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

10/11/2019 9:00AM-10:00AM 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: 5000 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
Cellar	As per plans.	Spray-on fireproofing - grey	3	No	No				

I hereby declare the information provided herein is true and complete

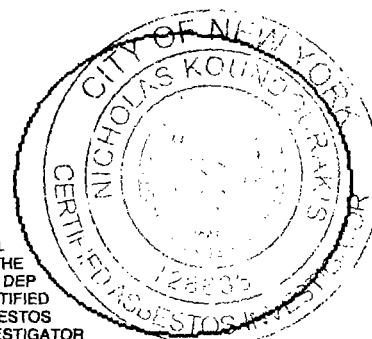
NICHOLAS KOUNDOURAKIS 11/8/2019 128635 9/8/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 545-0870 Fax # _____

Email nick@amiantosenvironmental.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



25657005

11/8/2019 10:49:03 AM



DEPT BLDGS 123728546 Job Number



SC181108041 Scan Code



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



Building Floors-1 to 5	As per plans.	Drywall - White	19	No	No				
Building Floors-1 to 5	As per plans.	Flooring Throughout is assumed asbestos as the scope of work does not apply to flooring renovations.	0	Yes	Yes	5000		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratory	12003	10/11/2019

11. NYS DOL Asbestos Handling license # 69957 Company Name Amiantos, L.L.C.

12. Comment

NOTE: IF ANY SUSPECT ASBESTOS MATERIAL IS FOUND THAT IS NOT LISTED IN THIS ACP5 DURING ANY FUTURE WORK ALL WORK SHOULD BE STOPPED THE MATERIAL SHOULD BE TESTED AND TREATED AS ASBESTOS UNTIL CONFIRMED OTHERWISE VIA ANALYTICAL RESULTS FROM AN APPROVED LABORATORY.

I hereby declare the information provided herein is true and complete

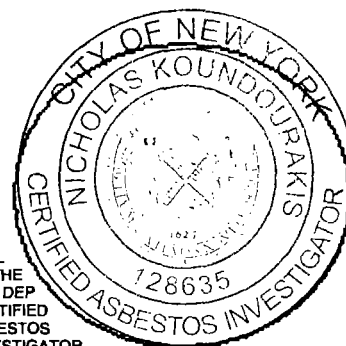
NICHOLAS KOUNDOURAKIS 11/8/2019 128635 9/8/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 545-0870 Fax # _____

Email nick@amiantosenvironmental.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



25657065