



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: 1541894**
2. Premise No. 676 Street Name Broadway Borough Manhattan Zip 10012
3. AKA _____ Type of Facility Commercial BIN 1008468 Block 00530 Lot 0004
4. Building Owner Jordan Realty LLC Address 399 Lafayette Street
5. City Manhattan State NY Zip 10003 Contact Person Jordan Kreiger
6. Tel. # (516) 398-9811 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

Minor interior renovation of existing bathroom on floor 004 only.

8. I, GERALD NWANJI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

02/20/2019 4:15PM-4:45PM

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-4	Bathroom	Grout	2	No	No				

I hereby declare the information provided herein is true and complete

GERALD NWANJI 2/22/2019 144038 3/3/2021
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (631) 933-6160 Fax # _____

Email cscharis16@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.



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





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Building Floors-4	Bathroom	Drywall	2	No	No				
Building Floors-4	Bathroom	Drywall joint compound	3	No	No				
Building Floors-4	Bathroom	Plaster	3	No	No				
Building Floors-4	Bathroom	Mortar	2	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Alac Analytical Lab	11605	2/21/2019

11. NYS DOL Asbestos Handling license # 102178 Company Name Charis Consultant Services LLC

12. Comment

I hereby declare the information provided herein is true and complete

GERALD NWANJI 2/22/2019 144038 3/3/2021
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