



NYC DEPARTMENT

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

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1634904**
2. Premise No. 156 Street Name West 88th Street Borough Manhattan Zip 10024
3. AKA _____ Type of Facility Residence BIN 1032261 Block 01218 Lot 0051
4. Building Owner Vadim Maslov Address 3522 Frostleaf Court
5. City Fairfax State VA Zip 22033 Contact Person Vadim Maslov
6. Tel. # (703) 716-7770 Fax # _____ Email _____
7. Work Type General Construction, Other (Facade Work)

Description of the Entire Scope of Work

Adding balconies to 2nd and 3rd floor of rear facade.

8. I, MATTHEW STOCK, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

02/11/2019 12:00PM-3:00PM, 07/24/2019 9:00AM-10:15AM 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: _____ 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
Facade-1 to 3	Rear Throughout	Brick	4	No	No				
Facade-1 to 3	Rear Throughout	Brick Mortar	6	No	No				

I hereby declare the information provided herein is true and complete

MATTHEW STOCK 9/27/2019 116516 8/9/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 875-9506 Fax # _____

Email mattstock@msn.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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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
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Facade-1 to 3	Rear Throughout	Sill	2	No	No				
Facade-1 to 3	Rear Throughout	Sill Mortar	3	No	No				
Building Floors-2 to 3	Throughout	Plaster (White & Brown)	12	No	No				
Building Floors-2 to 3	Throughout	Grout	3	No	No				
Building Floors-2 to 3	Throughout	Brick	3	No	No				
Building Floors-2 to 3	Throughout	Mortar	3	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc.	11506	7/25/2019
EMSL Analytical, Inc.	11506	2/16/2019

11. NYS DOL Asbestos Handling license # 28954 Company Name GAC Environmental, Inc.

12. Comment

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MATTHEW STOCK 9/27/2019 116516 8/9/2021
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