



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: 1624329**
2. Premise No. 300 Street Name West 12th Street Borough Manhattan Zip 10014
3. AKA _____ Type of Facility Other BIN 1011381 Block 00624 Lot 0041
4. Building Owner Page Mangement Address 188 Sixth Avenue
5. City New York State NY Zip 10013 Contact Person Eugene Brodsky
6. Tel. # (212) 219-3990 Fax # _____ Email sohorentals@aol.com
7. Work Type Other (Elevator Modernization)

Description of the Entire Scope of Work

Application file to install new stair framing, lintel, wall repair and steel beam as per plan. There is no change to use, egress, or occupancy filed under this application.

8. I, OCTAVIUS WHITEHEAD, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/18/2018 9:00AM-11:00AM, 09/24/2019 2:30PM-3:00PM 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: 3603 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
Roof	Elevator Motor Room	Plaster, Mortar, Concrete Pad,	10	No	No				

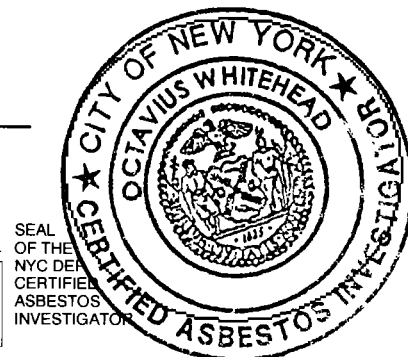
I hereby declare the information provided herein is true and complete

OCTAVIUS WHITEHEAD 9/24/2019 116797 7/14/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 675-5544 Fax # _____

Email octavius.whitehead@alcenvironmental.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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Roof	Elevator Motor Room	Brake Pads, Electrical Panel, Black Wall Tar	2	Yes	Yes	603		No	c
Roof	Entire	Membrane	2	Yes	No	3000		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	12/18/2018

11. NYS DOL Asbestos Handling license # 54123 Company Name The ALC Group LLC dba ALC Environmental

12. Comment

Contractor abated 6 SF of asbestos wall tar and 4 SF asbestos roof membrane prior to construction.

I hereby declare the information provided herein is true and complete

OCTAVIUS WHITEHEAD

9/24/2019

116797

7/14/2021

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

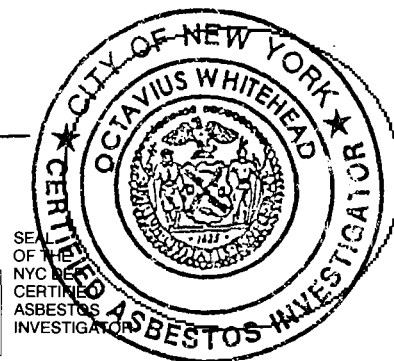
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