



NYC DEPARTMENT

Asst

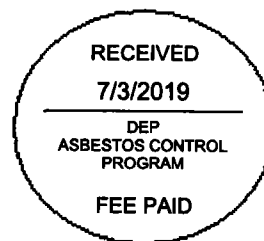
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT

DEPT BLDGS Job No. 123767708



Scan Code ESHS4411756



1. NYC DOB Job # (if applicable) _____ **Control Number: 1602870**

2. Premise No. 65 Street Name West 13th Street Borough Manhattan Zip 10011

3. AKA _____ Type of Facility Residence BIN 1009706 Block 00577 Lot 7502

4. Building Owner Linda Ting Address C/O Jorge Arias RA - Arias Architecture, 315 West 36th Street Suite 4039

5. City New York State NY Zip 10018 Contact Person Linda Ting

6. Tel. # (650) 793-8718 Fax # _____ Email jarias@ariasarch.com

7. Work Type Other (ARCHITECTURAL)

Description of the Entire Scope of Work

Interior renovation No change to use egress or occupancy.

8. I, MICHAEL SANDFORD, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
05/02/2019 9:00AM-2:00PM 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: _____ sq. ft _____ linear ft.
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

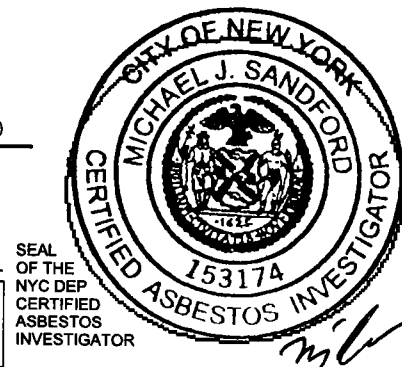
Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-3 to 3	Unit #3H; Entire	Drywall	2	No	No				

I hereby declare the information provided herein is true and complete

MICHAEL SANDFORD 7/3/2019 153174 11/11/2020
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (212) 290-6323 Fax # (212) 290-6325Email mikesand58@gmail.com

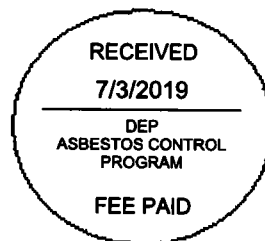
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR 763.86.

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

25617229



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Building Floors-3 to 3	Unit #3H; Entire	Joint Compound	3	No	No				
Building Floors-3 to 3	Unit #3H; Entire	Mastic associated with Wood Flooring	2	No	No				
Building Floors-3 to 3	Unit #3H; Entire	Fiberglass Wall Insulation, Wood Flooring, Plastic Wire Insulation (Non-Suspect Materials)	0	No	No				
Building Floors-3 to 3	Unit #3H; West Walk In Closet	Mastic associated with Wood Cabinetry	2	No	No				
Building Floors-3 to 3	Unit #3H; West Walk In Closet	Wood Cabinetry (Non-Suspect Material)	0	No	No				
Building Floors-3 to 3	Unit #3H; West Bathroom	Ceramic Floor Tile Setting Bed	2	No	No				
Building Floors-3 to 3	Unit #3H; West Bathroom	Ceramic Floor Tile Grout	2	No	No				
Building Floors-3 to 3	Unit #3H; West Bathroom	Ceramic Wall Tile Setting Bed	2	No	No				
Building Floors-3 to 3	Unit #3H; West Bathroom	Ceramic Wall Tile Grout	2	No	No				
Building Floors-3 to 3	Unit #3H; West Bathroom	Glass Wall Tile Setting Bed	2	No	No				
Building Floors-3 to 3	Unit #3H; West Bathroom	Glass Wall Tile Grout	2	No	No				
Building Floors-3 to 3	Unit #3H; West Bathroom	Ceramic Floor Tile, Ceramic Wall Tile, Glass Wall Tile, Porcelain Fixtures, Uninsulated Metal Pipe (Non-Suspect Materials)	0	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc.	11506	5/4/2019

11. NYS DOL Asbestos Handling license # 28668 Company Name BSI Services and Solutions (NYC) Inc.

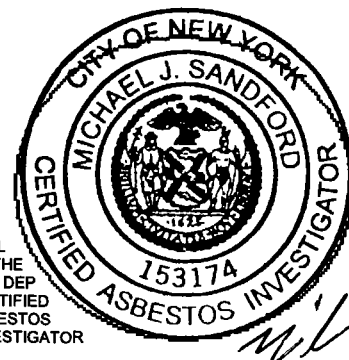
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MICHAEL SANDFORD 7/3/2019 153174 11/11/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 290-6323 Fax # (212) 290-6325

Email mikesand58@gmail.com

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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12.Comment

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<u>MICHAEL SANDFORD</u>	<u>7/3/2019</u>	<u>153174</u>	<u>11/11/2020</u>
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