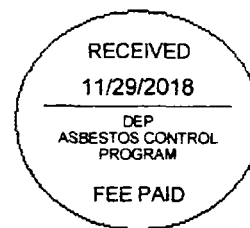




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1510260**
2. Premise No. 3560 Street Name Broadway Borough Manhattan Zip 10031
3. AKA _____ Type of Facility Commercial BIN 1081831 Block 02078 Lot 0001
4. Building Owner AAC Address 150 E 58th St, 39th Floor
5. City New York State NY Zip 10155 Contact Person Victor Polanco
6. Tel. # 2122134444 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Interior renovation of retail store space

8. I, ALAN BJORNEBY, have conducted an asbestos investigation on
11/28/2018 1:00PM-2:00PM in accordance
Name of Certified Asbestos Investigator 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. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).
☐ 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.
Specify locations (attach additional documents as necessary): _____
☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Cellar		north side of space	joint compound	2	No	No
Building Floors	1	interior walls	joint compound	1	No	No
Cellar		north side of space	12x12 VCT	1	No	No
Building Floors	1	north side of space	12x12 VCT	1	No	No
Cellar		north side of space	masonry	2	No	No

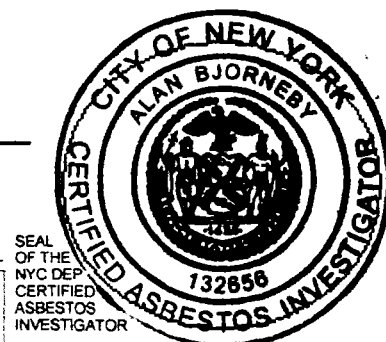
I hereby declare the information provided herein is true and complete

ALAN BJORNEBY 11/29/2018 132656 5/5/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (631) 742-3339 Fax # _____

Email alanb@eabarchitecture.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, 40 CFR 763.80, 40 CFR 763.85.



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



25522314

11/29/2018 9:08:28 PM



DEPT. BLDGS. 123769591 Job Number
SC181108008 Scan Code



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



10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical Inc.	11469	11/29/2018

11. NYS DOL Asbestos Handling license # 55914 Company Name EAB Architectural Designs, PLLC

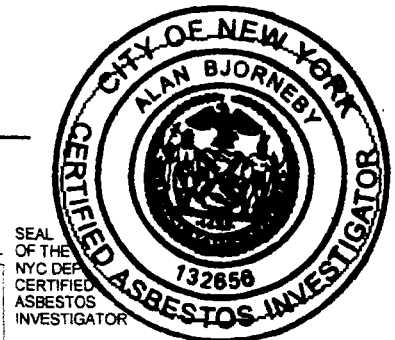
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ALAN BJORNEBY 11/29/2018 132656 5/5/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (631) 742-3339 Fax # _____

Email alanb@eabarchitecture.com

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



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