



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11355
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1686037**

2. Premise No. 101 Street Name Lexington Ave Borough Manhattan Zip 10016

3. AKA _____ Type of Facility Residence BIN 1018173 Block 00883 Lot 0027

4. Building Owner Le Kam Realty Co. Address 3 West 57th, 6th flr

5. City New York State NY Zip 10019 Contact Person Ely Samuels

6. Tel. # (212) 750-8200 Fax # _____ Email permits@hakimorg.net

7. Work Type PL Plumbing, General Construction

Description of the Entire Scope of Work

Replace existing gas risers for all apts. No change in use, egress, or occupancy. Plumbing work filed under app#M00317792

8. I, LINDA ULTEE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

02/19/2020 9:00AM-10:00AM, 02/27/2020 6:00PM-6:30PM

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
Cellar	meter room and open space	ceiling cement	3	No	No				

I hereby declare the information provided herein is true and complete

LINDA ULTEE
DEP Certified Asbestos Investigator's Signature

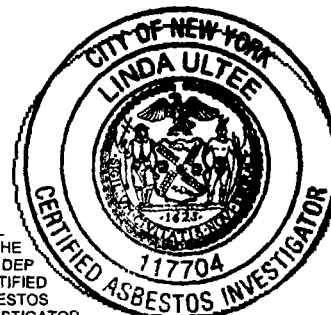
3/1/2020
Date

117704
Certificate Number

4/29/2020
Expiration Date

Tel. # (917) 376-4192 Fax # _____

Email lultee@yahoo.com



SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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-1 to 5	all apt kitchen areas	sheetrock	5	No	No				
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab	11999	2/28/2020

11. NYS DOL Asbestos Handling license # 87850 Company Name DBC Environmental

12. Comment

I hereby declare the information provided herein is true and complete

LINDA ULTEE 3/1/2020 117704 4/29/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 376-4192 Fax # _____

Email lultee@yahoo.com



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