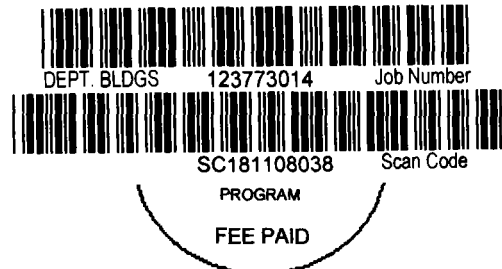




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11375
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1657587**
2. Premise No. 115 Street Name west 45th. street Borough Manhattan Zip 10036
3. AKA _____ Type of Facility Commercial BIN 1022640 Block 00998 Lot 0024
4. Building Owner KIAMIE NEW YORK, CORP. Address 31 E.32 Street
5. City New York State NY Zip 10016 Contact Person Matthew Kiamie
6. Tel. # (212) 213-2112 Fax # _____ Email _____
7. Work Type MH Mech/ HVAC, SP Sprinkler, General Construction

Description of the Entire Scope of Work

replace ceiling tile and floor tile and glass door at 1st.floor
replace ceiling duct (Mech.) at 1st. floor and install sprinkler head at 1st.floor

8. I, KANGSOO JUN, have conducted an asbestos investigation on
12/21/2019 1:00PM-2:30PM 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. 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-001 to 001	CEILING	CEILING ACOUSTIC TILE2x2 (NOB)	2	No					

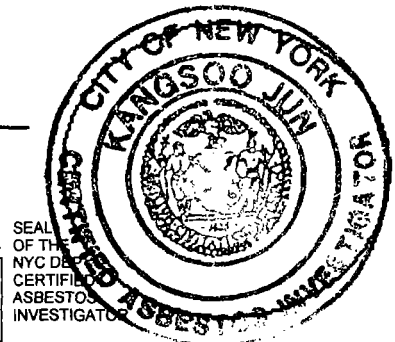
I hereby declare the information provided herein is true and complete

KANGSOO JUN 12/27/2019 119261 12/25/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 828-4040 Fax # _____

Email usasbestos@yahoo.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





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



Building Floors-001 to 001	CEILING	CEILING VINYL TILE2x2 (NOB)	2	No					
Building Floors-001 to 001	ENTRANCE GLASS DOOR	CAULK (NOB)	2	No					
Building Floors-001 to 001	CEILING	SHEETROCK	3	No					
Building Floors-001 to 001	INTERIOR WALL	SHEETROCK	3	No					
Building Floors-001 to 001	INTERIOR FINISH	COMPOUND	3	No					
Building Floors-001 to 001	CEILING-DUCT	FIBER INSULATION	3	No					
Building Floors-001 to 001	FLOOR-CERAMIC TILE	GROUT	3	No					

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
PRECISION ENVIRONMENTAL INC.	11764	12/24/2019
ACT GROUP SERVICES LLC	10879	12/27/2019

11. NYS DOL Asbestos Handling license # 66299 Company Name Jun Inspector

12. Comment

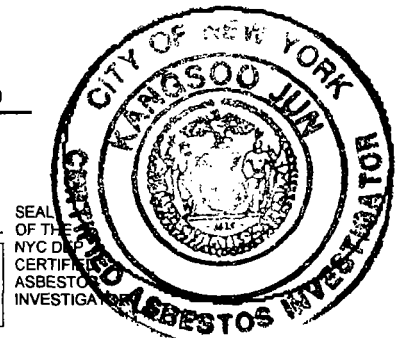
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