



NYC

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DEPT. BLDGS. 123779269 Job Number



SC181108010

Scan Code

SECTION

373

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 1571795
2. Premise No. 38 Street Name West 21st Street Borough Manhattan Zip 10010
3. AKA _____ Type of Facility Commercial BIN 1015508 Block 00822 Lot 0062
4. Building Owner Jack Vogel Associates Address 36 East 12th Street, 7th Floor
5. City New York State NY Zip 10003 Contact Person David Vogel
6. Tel. # (212) 677-2632 Fax # _____ Email _____
7. Work Type PL Plumbing, MH Mech/ HVAC, General Construction

Description of the Entire Scope of Work

7th Floor: OT: construction work only. Mechanical work to be filed under subsequent application. No change in use, egress or occupancy. No pipe insulation to be disturbed. No window work included under this application.

MH: mechanical equipment work; no change in use, egress or occupancy.

8. I, ALEXANDER RENSINK, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

04/18/2019 1:15PM-1:45PM

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).

I hereby declare the information provided herein is true and complete

ALEXANDER RENSINK

DEP Certified Asbestos Investigator's Signature

4/25/2019

Date

153353

Certificate Number

8/10/2021

Expiration Date

Tel. # (845) 591-9477

Fax # _____

Email alexthomasnyc@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

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



25585338



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



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-7 to 7	Tenant space	Plaster	3	No					
Building Floors-7 to 7	Tenant space	Sheetrock	2	No					
Building Floors-7 to 7	Bathroom	Ceiling tile	2	No					
Building Floors-7 to 7	Bathroom	Tile (2)/Glue (2)	4	No					

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri-sci	11480	4/23/2019
Ameri-sci	11480	4/24/2019

11. NYS DOL Asbestos Handling license # 114638 Company Name A.T. Inspections

12. Comment

I hereby declare the information provided herein is true and complete

ALEXANDER RENSINK

DEP Certified Asbestos Investigator's Signature

4/25/2019

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