



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: 1659852**
2. Premise No. 129 Street Name RIDGE STREET Borough Manhattan Zip 10002
3. AKA _____ Type of Facility Residence BIN 1004095 Block 00344 Lot 0017
4. Building Owner FOOD U DESIRE Address 129-135 RIDGE STREET
5. City NEW YORK State NY Zip 10002 Contact Person VICTOR CRUZ
6. Tel. # (646) 861-9826 Fax # _____ Email RIDGESTHDFC129135@HOTMAIL.COM
7. Work Type PL Plumbing, General Construction

Description of the Entire Scope of Work

INTERIOR RENOVATION ON APT 1D ON PARTIAL 1ST FLOOR ON AN EXISTING 6 STORY BRICK BUILDING.

8. I, TONG SING LEE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
01/07/2020 3:00PM-3:30PM 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-001 to 001	APT 1D - FOYER	VINYL TILE	2	No	No				

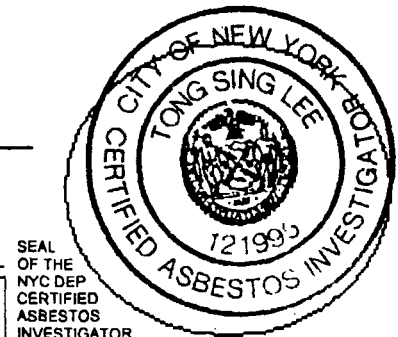
I hereby declare the information provided herein is true and complete

TONG SING LEE 1/16/2020 121995 4/16/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 623-0290 Fax # _____

Email tslee202020@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.



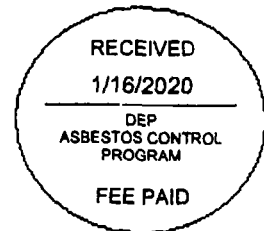
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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Building Floors-001 to 001	APT 1D - WALL BETWEEN NEIGHBOR UNIT	WALL PLASTER W/ WOOD LATHS	3	No	No				
Building Floors-001 to 001	APT 1D - OPEN SPACE	DEMOLISHED CONDITION: ALL INTERIOR PARTITIONS WAS REMOVED, EXPOSED ALL WOOD JOISTS CEILING, EXPOSED SUB-FLOOR.	0	No	No				
Building Floors-001 to 001	APT 1D - OPEN SPACE	EXPOSED PIPE RISERS W/O INSULATION. EXPOSED PARAMETER BRICK WALL. EXPOSED WALL PLASTER BETWEEN NEIGHBOR UNIT.	0	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
METRO ANALYTICAL LABORATORIES	12003	1/15/2020

11. NYS DOL Asbestos Handling license # 66067 Company Name TSL Building Service Inc.

12. Comment

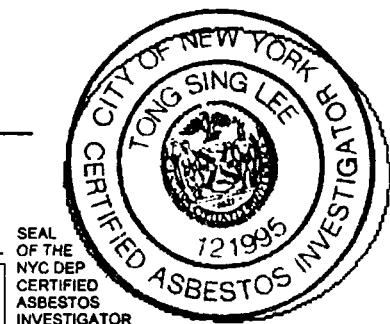
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