



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: 1674556**
2. Premise No. 150 Street Name Nassau Street Borough Manhattan Zip 10038
3. AKA _____ Type of Facility Residence BIN 1087756 Block 100 Lot 7501
4. Building Owner 150 Nassau Condominium Address 150 Nassau Street, Apt. 5D
5. City New York State NY Zip 10038 Contact Person Charles Hawkins
6. Tel. # (917) 763-8614 Fax # _____ Email chawkins@elliman.com
7. Work Type PL Plumbing, SP Sprinkler, General Construction

Description of the Entire Scope of Work

Combination of existing Apts. 5C and 5D. Installation of washing machine and removal of one range. Installation of three new sprinkler heads. (No work in existing bathrooms. Existing perimeter walls, exterior walls, windows and mechanical equipment to remain. Any untested building materials in the area of work are assumed asbestos and should remain undisturbed.)

8. I, MARY HARTIGAN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
02/12/2020 10:45AM-11:45AM 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: 1130 sq. ft 0 linear ft.
- ☐ d. entire building is free of asbestos containing material (ACM).

DEPT BLDGS Job No. 123795713



Scan Code ESHS3958913

I hereby declare the information provided herein is true and complete

<u>MARY HARTIGAN</u>	<u>2/19/2020</u>	<u>120566</u>	<u>12/7/2020</u>
<i>DEP Certified Asbestos Investigator's Signature</i>	<i>Date</i>	<i>Certificate Number</i>	<i>Expiration Date</i>

Tel. # (914) 494-2285 Fax # _____Email mhartigan127@aol.comSEAL
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 §§ 1-38, 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

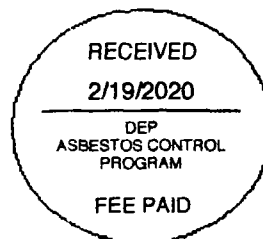
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Note: There is always a possibility of exposure to asbestos inside the wall, or above the ceiling, or under existing flooring. If any suspected ACM is found, all work should be stopped for reinspection.

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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-5	Apts. 5C and 5D	Plaster	3	No					
Building Floors-5	Apts. 5C and 5D	Sheetrock	2	No					
Building Floors-5	Apts. 5C and 5D	Joint Compound	2	No					
Building Floors-5	Apts. 5C and 5D	Flooring/Sub-flooring	0	Yes	Yes	1130		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri-Sci	11480	2/18/2020

11. NYS DOL Asbestos Handling license # 61539 Company Name Environmental Experts Inc.

12. Comment

If any insulated pipes/ducts are found behind/above/below existing surfaces they are assumed asbestos. Existing flooring to remain. If any untested flooring or mastic is found underneath existing flooring it is assumed asbestos. If any fireproofing/insulation/waterproofing/adhesive/cement is found behind/above/below existing surfaces it is assumed asbestos.

I hereby declare the information provided herein is true and complete

MARY HARTIGAN 2/19/2020 120566 12/7/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (914) 494-2285 Fax # _____

Email mhartigan127@aol.com

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