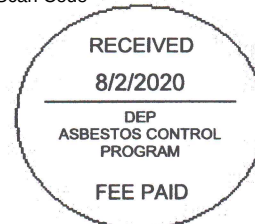




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1750550**
2. Premise No. 212 Street Name Lafayette Street Borough Manhattan Zip 10012
3. AKA _____ Type of Facility Residence BIN 1007222 Block 00482 Lot 0031
4. Building Owner 212 Lafayette Street LLC Address 12 East 44th Street, Suite 700
5. City New York State NY Zip 10017 Contact Person Isaac Abraham
6. Tel. # (646) 355-1860 Fax # _____ Email _____
7. Work Type PL Plumbing, General Construction

Description of the Entire Scope of Work

Apt. 4B, roof: interior renovations to remove & install partitions, finishes; plumbing work; new flooring will be installed directly over existing flooring; window work is outside the scope of this project. No pipe insulation to be disturbed. Any pipe insulation encountered should be considered & treated as asbestos & should remain undisturbed. No change in use, egress or occupancy.

8. I, JEAN RENSINK, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

02/03/2020 10:00AM-10:30AM

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: 1031 sq. ft 0 linear ft.
- ☐ d. entire building is free of asbestos containing material (ACM).

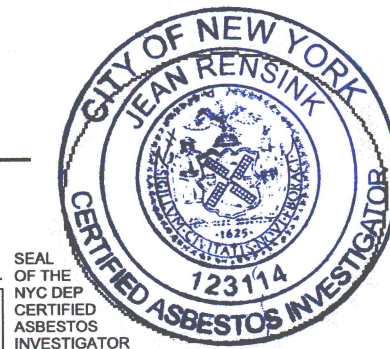
I hereby declare the information provided herein is true and complete

JEAN RENSINK 8/2/2020 123114 7/31/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (845) 637-4178 Fax # _____

Email jeanrensink@aol.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



25778773



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT

RECEIVED
8/2/2020DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

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 to 5	Apt 4B	Sheetrock	2	No					
Building Floors-5 to 5	Apt 4B	Plaster (walls)	0	Yes	Yes	664		No	c
Building Floors-5 to 5	Apt 4B	Flooring, glue/mastic, untested vinyl floor/subflooring	0	Yes	Yes	342		No	c
Roof	At proposed location of new stair	Roofing, membrane	2	No					
Roof	At proposed location of new stair	Parapet wall flashing/tar/caulk	0	Yes	Yes	25		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri-sci	11480	2/7/2020

11. NYS DOL Asbestos Handling license # 28946 Company Name AA Services, LLC

12. Comment

I hereby declare the information provided herein is true and complete

JEAN RENSINK
DEP Certified Asbestos Investigator's Signature8/2/2020
Date123114
Certificate Number7/31/2022
Expiration DateTel. # (845) 637-4178 Fax # _____Email jeanrensink@aol.com

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

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