



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: 1765150**

2. Premise No. 205 Street Name East 22nd Street Borough Manhattan Zip 10010

3. AKA _____ Type of Facility _____ BIN 1019668 Block 00903 Lot 7501

4. Building Owner Douglas Elliman Property Management Address 675 Third Avenue

5. City New York State NY Zip 10017 Contact Person Elly Pateras

6. Tel. # (212) 455-4766 Fax # _____ Email _____

7. Work Type _____

Description of the Entire Scope of Work

Exterior renovations to include localized face brick replacement, masonry repointing and window sill replacement as per plans filed herewith, No change to use, egress or occupancy

8. I, DARSHANA THAPA, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator
09/04/2018 9:00AM-10:00AM 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: 18 sq. ft 0 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
Facade-01 to 07	Throughout	Brick Mortar	2	No	No				

I hereby declare the information provided herein is true and complete

Darshana Thapa

DARSHANA THAPA

9/11/2020

148433

11/19/2021

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (212) 545-1855 Fax # _____

Email dthapa@adv-env.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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Facade-01 to 07	Throughout	Expansion Caulking	2	No	No				
Facade-01 to 07	Throughout	Cementitious Materials on Window Lintel	2	No	No				
Facade-01 to 07	West Elevation	Tar on Concrete Window Sill (ACM not to be impacted by the scope of work)	2	Yes	Yes	18		No	c
Roof	Parapet Wall	Stucco	7	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Amersci	11480	9/4/2018
Amersci	11480	9/5/2018

11. NYS DOL Asbestos Handling license # 39326 Company Name Advanced Environmental Corp.

12. Comment

I hereby declare the information provided herein is true and complete

DARSHANA THAPA

9/11/2020

148433

11/19/2021

DEP Certified Asbestos Investigator's Signature

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