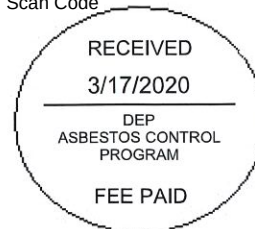




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1688417**

2. Premise No. 515 Street Name East 85th Street Borough Manhattan Zip 10028

3. AKA _____ Type of Facility Residence BIN 1051237 Block 01582 Lot 0005

4. Building Owner 515 85 Owners Corp. Address 515 East 85th Street

5. City New York State NY Zip 10028 Contact Person Zaralina Ruelle

6. Tel. # (212) 535-7922 Fax # _____ Email _____

7. Work Type PL Plumbing, General Construction

Description of the Entire Scope of Work

Apt 11C: interior renovations consisting of partition and finish work; plumbing work; no pipe insulation to be disturbed; no window work included under this application. No change in use, egress or occupancy.

8. I, JEAN RENSINK, have conducted an asbestos investigation on _____ in accordance
Name of Certified Asbestos Investigator
02/13/2020 10:45AM-11:15AM 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: 8 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
Building Floors-11 to 11	Apt 11C	Plaster	3	No					

I hereby declare the information provided herein is true and complete

JEAN RENSINK 3/17/2020 123114 5/7/2020
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





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Building Floors-11 to 11	Apt 11C	Plaster with glue	4	No					
Building Floors-11 to 11	Apt 11C	Gypsum block	2	No					
Building Floors-11 to 11	Apt 11C	Kitchen tile (2)/grout (2)	4	No					
Building Floors-11 to 11	Apt 11C	Master bath grout	2	No					
Building Floors-11 to 11	Apt 11C	Window caulk	0	Yes	Yes	8		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri-sci	11480	2/16/2020
Ameri-sci	11480	2/17/2020

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

12. Comment

Any pipe insulation encountered should be considered and treated as asbestos and should not be disturbed.

I hereby declare the information provided herein is true and complete

JEAN RENSINK 3/17/2020 123114 5/7/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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