



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: 1097886
2. Premise No. 97 Street Name ELLWOOD STREET Borough Manhattan Zip 10040
3. AKA _____ Type of Facility Residence BIN 1064190 Block 02174 Lot 0119
4. Building Owner LP TERRASTONE ELLWOOD HOLDINGS Address 97 ELLWOOD STREET
5. City NEW YORK State NY Zip 10040 Contact Person RALPH MANDELBAUM
6. Tel. # (732) 987-9306 Fax # _____ Email _____

7. Description of the Entire Scope of Work
INTERIOR RENOVATION OF APARTMENT 1D

8. I, MARTIN AMBROSE, have conducted an asbestos investigation on _____ in accordance
Name of Certified Asbestos Investigator
10/04/2013 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. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).
☐ 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.
Specify locations (attach additional documents as necessary): _____

☐ d. entire building is free of asbestos containing material (ACM).

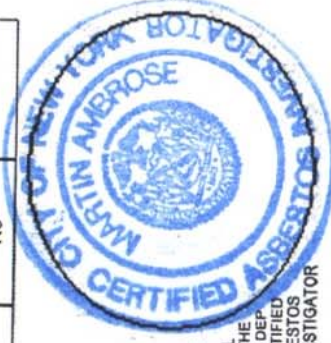
9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
1	APARTMENT 1D	MORTAR	3	No	
1	APARTMENT 1D	BRICK	2	No	
1	APT 1D BEDROOM	PLASTER	7	No	
1	APT 1D, BATHROOM	MASTIC	2	No	
1	APT 1D, KITCHEN	PLASTER	6	No	
1	APT 1D, BEDROOM	BLOCK	2	No	

I hereby declare the information provided herein is true and complete

MARTIN AMBROSE 10/23/2013 116635 12/3/2013
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 342-7686 Fax # (718) 342-7685 Email velmartin@juno.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.



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL ANALYTICAL INC	11506	10/17/2013

11. NYS DOL Asbestos Handling license # 29947 Company Name Velmartin Associates Inc.

I hereby declare the information provided herein is true and complete

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