



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: 1141608**2. Premise No. 148 Street Name West 72 Street Borough Manhattan Zip 100233. AKA _____ Type of Facility Residence BIN 1081483 Block 01143 Lot 00494. Building Owner Broadway @ Ellwood Realty LL Address 145 Huguenot Street, 5th Floor5. City New Rochelle State NY Zip 10801 Contact Person Stuart Berger6. Tel. # (914) 637-6200 Fax # _____ Email _____

7. Description of the Entire Scope of Work

exterior repairs (i.e. railings, facebrick, brickstone masonry, cladding, cornice etc.)8. I, KENNETH FRIEDMAN, have conducted an asbestos investigation on*Name of Certified Asbestos Investigator*08/13/2014*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. 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-top	building exterior	brick, mortar, caulk, etc.	16	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci	11480	8/17/2014

11. NYS DOL Asbestos Handling license # 62523 Company Name KF ACM Services

I hereby declare the information provided herein is true and complete

KENNETH FRIEDMAN8/18/201411663611/26/2015*DEP Certified Asbestos Investigator's Signature**Date**Certificate Number**Expiration Date*Tel. # (914) 762-2296

Fax # _____

Email SECIKF@optonline.net

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.

 SEAL
 OF THE
 NYC DEP
 CERTIFIED
 ASBESTOS
 INVESTIGATOR


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