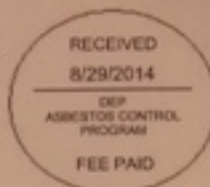


NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____

Control Number: 1143689

2. Premise No. 503 Street Name WEST 111 STREET Borough Manhattan Zip 100253. AKA _____ Type of Facility Residence BIN 1085570 Block 01883 Lot 00264. Building Owner RONALD FINGER Address FINGER MANAGEMENT CORP5. City 20 TUCKAHOE YONKERS State NY Zip 10710 Contact Person RONALD FINGER6. Tel. # (914) 207-1744 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Installation of Non-handicap ramp on the outside of the building. Repair/repatch/repaint/restore deteriorated area of facade.

8. I, MD ASHRAF ALI, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

08/27/2014

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. 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
OSP	FRONT ELEVATION	NO SUSPECTED INSTALLATION OF NON-HANDICAP RAMP OUTSIDE OF THE BUILDING.	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

MD ASHRAF ALI8/29/20141193726/10/2015

DEP Certified Asbestos Investigator's Signature

Date

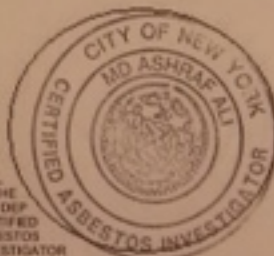
Certificate Number

Expiration Date

Tel. # (212) 423-5730 Fax # (212) 423-5731 Email ahid245@gmail.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.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



2511514025