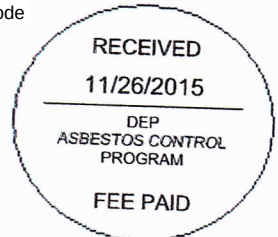




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Control Number: 1216132

1. NYC DOB Job # (if applicable) _____
 2. Premise No. 52 Street Name WEST 12 ST Borough Manhattan Zip 10011
 3. AKA _____ Type of Facility Residence BIN 1009607 Block 00575 Lot 0129
 4. Building Owner EKRAMUL HASSAN Address 52 W 12TH STREET
 5. City NEW YORK State NY Zip 10011 Contact Person EKRAMUL HASSAN
 6. Tel. # (718) 666-7679 Fax # _____ Email _____
 7. Description of the Entire Scope of Work
 APPLICATION FILING TO REPAIR BROWNSTONE FRONT FACADE (LPC DOCKET#175669) AS PER PLAN. NO CHANGE OF USE, EGRESS AND OCCUPANCY

8. I, MOHAMMAD ALAUDDIN, have conducted an asbestos investigation on
 Name of Certified Asbestos Investigator
11/25/2015 2:00PM-2:15PM 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
OSP	FRONT AFACDE	REPAIR BROWNSTONE FRONT FACADE(NO DEMO-NO ACM SUSPECTED FOR THIS SCOPE)	0	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

MOHAMMAD ALAUDDIN 11/26/2015 118600 11/12/2016
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
 Tel. # (917) 907-4231 Fax # _____
 Email malauddin25@yahoo.com

SEAL OF THE
 NYC DEP
 CERTIFIED
 ASBESTOS
 INVESTIGATOR



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.

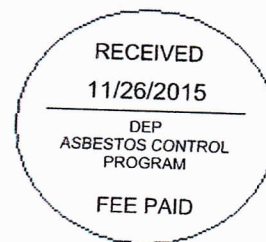
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



25227437



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



11. NYS DOL Asbestos Handling license # 66081 Company Name Mohammad Alauddin

I hereby declare the information provided herein is true and complete

MOHAMMAD ALAUDDIN 11/26/2015 118600 11/12/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 907-4231 Fax # _____
Email malauddin25@yahoo.com

SEAL
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Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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