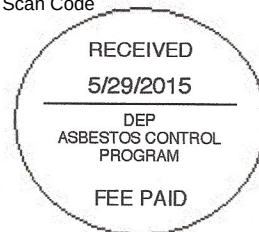




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1186275**

2. Premise No. 445 Street Name East 9 Street Borough Manhattan Zip 10009

3. AKA _____ Type of Facility _____ BIN 1077658 Block 00437 Lot 0031

4. Building Owner 145 Avenue A Realty, LLC Address 433 West 14 Street, Suite 429-3R

5. City New York State NY Zip 10014 Contact Person Terrence Lowenberg

6. Tel. # (212) 661-2700 Fax # _____ Email TERRENCE@ICONREALTYMGMT.COM

7. Description of the Entire Scope of Work
Minor repairs and paint in lobby and hallways. Repair stairs throughout. No change in use, occupancy, or egress.

8. I, MAREK KRUK, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator

05/28/2015 _____ 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
1 thru 6	Lobby, hallways, stairways	Plaster	3	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical	11506	5/29/2015

11. NYS DOL Asbestos Handling license # 60418 Company Name City Green Street, Inc

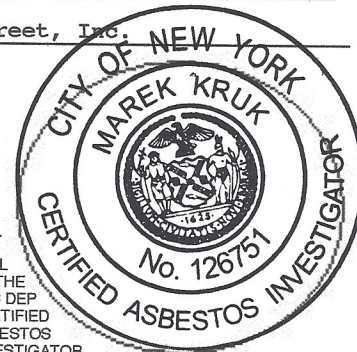
I hereby declare the information provided herein is true and complete

MAREK KRUK 5/29/2015 126751 2/7/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 302-0366 Fax # (201) 223-1448 Email krukmarek@hotmail.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



25196415