



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: 1215043**
2. Premise No. 20 Street Name w 87 street Borough Manhattan Zip 10024
3. AKA _____ Type of Facility Residence BIN 1031415 Block 01200 Lot 0043
4. Building Owner 20 west 87 street LLC Address 33 west 75 street
5. City new york city State NY Zip 10023 Contact Person luigi Arlia
6. Tel. # (212) 496-9236 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Remodel apartment 4D on the third floor.

8. I, LON RIGG, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
11/11/2015 8:30AM-9:00AM 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 120 linear ft.
Specify locations (attach additional documents as necessary):
apt 4D-- caulking 120 lf
☐ 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
3	apt 4D	plaster	10	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
JLC ENVIRONMENTAL CONSULTANTS INC	11029	11/12/2015

11. NYS DOL Asbestos Handling license # 56080 Company Name Avi Jay, Inc.

I hereby declare the information provided herein is true and complete

LON RIGG 11/19/2015 117148 11/28/2015
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 771-7689 Fax # (914) 663-5149

Email lrigg60@aol.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



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



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