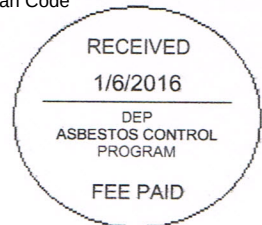




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1221295**

2. Premise No. 1709 Street Name Amsterdam Ave Borough Manhattan Zip 10031

3. AKA _____ Type of Facility Commercial BIN 1061327 Block 02059 Lot 0061

4. Building Owner 477 and 478 LLC Address 507 W 186th St

5. City New York State NY Zip 10033 Contact Person Steve Purri

6. Tel. # (917) 602-4801 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Interior renovation of existing retail store space

8. I, ALAN BJORNEBY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
01/04/2016 3:30PM-5:00PM 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
1st	retail store area	joint compound	3	No	No
1st	retail store area	tile adhesive	2	No	No
1st	retail store area	tile grout	2	No	No
1st	retail store area	ceiling tile	2	No	No

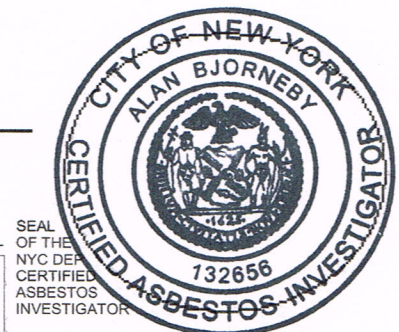
I hereby declare the information provided herein is true and complete

ALAN BJORNEBY 1/6/2016 132656 5/5/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (631) 319-1047 Fax # _____

Email alanb@eabarchitecture.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.



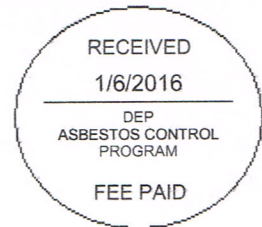
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



25233021



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



10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical Inc.	11469	1/6/2016

11. NYS DOL Asbestos Handling license # 55914 Company Name EAB Architectural Designs, PLLC

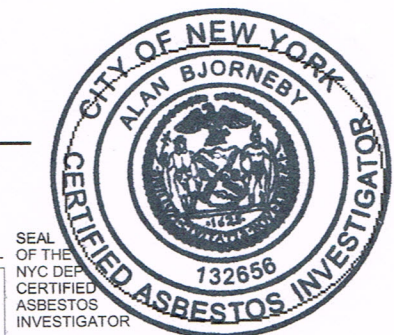
I hereby declare the information provided herein is true and complete

ALAN BJORNEBY 1/6/2016 132656 5/5/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (631) 319-1047 Fax # _____

Email alanb@eabarchitecture.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.



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



25233021