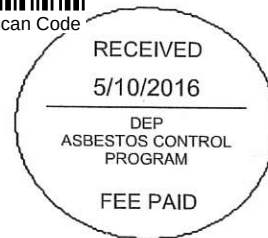




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1241316**

2. Premise No. 108 Street Name 5th Avenue Borough Manhattan Zip 10011

3. AKA _____ Type of Facility Residence BIN 1015318 Block 00817 Lot 7501
108 5th ave condominium/c/o

4. Building Owner siren mgnt Address 40 exchange place

5. City NEW YORK State NY Zip 10005 Contact Person HOWARD LANDMAN

6. Tel. # (212) 483-0700 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Replacement of defective boiler and water heater

8. I, IYKE OHRIALA, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
05/05/2016 9:00AM-9:45AM 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
Roof top	Boiler room.	None. Note, Boiler has no insulation but cast iron with metal cover, steam and other related pipes are fiberglass insulated.	0	No	No

10. ANALYTICAL LABORATORY:

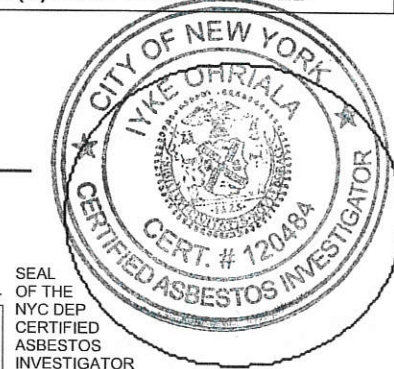
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

IYKE OHRIALA 5/10/2016 120484 12/1/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 351-4587 Fax # (347) 426-9314

Email ohrialai@hpd.nyc.gov



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





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Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



11. NYS DOL Asbestos Handling license # 29019 Company Name New York City Dept. Housing Preservation And Devel

I hereby declare the information provided herein is true and complete

IYKE OHRIALA 5/10/2016 120484 12/1/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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