



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: 1248091**

2. Premise No. 5 Street Name Division Street Borough Manhattan Zip 10002

3. AKA _____ Type of Facility Commercial BIN 1003527 Block 00281 Lot 0063

4. Building Owner 5 DIVISON ST RLTY CP Address 5 Division Street

5. City New York State NY Zip 10002 Contact Person JIN HONG YU

6. Tel. # (917) 566-6561 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Remedy violation #35181376L, #35181377N and obtain permit to cap/remove one 2 comp. sink & one temp electrical HWH. Install one new washer and gas dryer on 1FL. Plumbing work.

8. I, KENG LEE SO, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator

06/15/2016 12:00PM-12:30PM _____ 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
1FL	Laundry Room wall	Plaster	3	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	6/17/2016

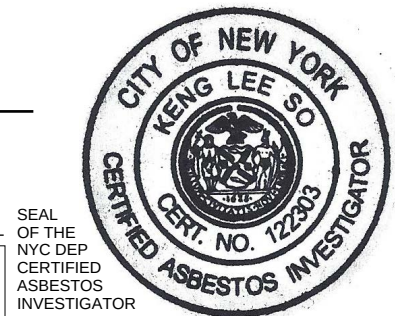
11. NYS DOL Asbestos Handling license # 59538 Company Name KS Asbestosafe, Inc.

I hereby declare the information provided herein is true and complete

KENG LEE SO 6/19/2016 122303 10/2/2017
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 968-5925 Fax # _____

Email ks_asbestosafe@yahoo.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

