



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: 1253343**
 2. Premise No. 416 Street Name East 11th Street Borough Manhattan Zip 10009
 3. AKA _____ Type of Facility Residence BIN 1005937 Block 00438 Lot 7502
 4. Building Owner Maxwell-Kates Inc. Address 9 east 38th Street, 6th floor
 5. City New York State NY Zip 10016 Contact Person Micha Garner
 6. Tel. # (212) 684-8282 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Install 10 gauge steel extension of top of chimney stack of building 414 E 11th Street, the extension will be install along the exterior wall of building 416 E 11th Street.

8. I, JORGE GAJER, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

07/18/2016 1:45PM-2:15PM

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
4th-6th	exterior wall by building 414 E 11th Street	stucco	3	No	

10. ANALYTICAL LABORATORY:

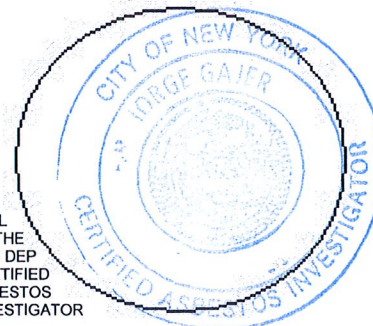
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical Inc.	11506	7/19/2016

I hereby declare the information provided herein is true and complete

JORGE GAJER 7/20/2016 115730 11/4/2017
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
 Tel. # (718) 756-6205 Fax # (718) 756-5782
 Email airplus 2000@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.

SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR



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



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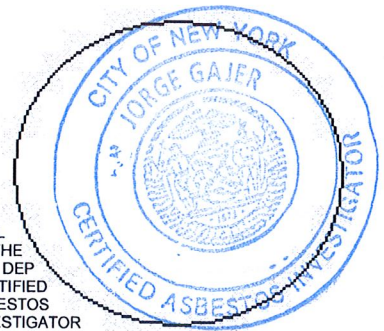


11. NYS DOL Asbestos Handling license # 28684 Company Name Airplus Environmental Services Inc.

I hereby declare the information provided herein is true and complete

JORGE GAJER 7/19/2016 115730 11/4/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 756-6205 Fax # (718) 756-5782
Email airplus_2000@yahoo.com

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