



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: 1195706**

2. Premise No. 15 Street Name W. 96th St. Borough Manhattan Zip 10025

3. AKA _____ Type of Facility Commercial BIN 1055261 Block 01832 Lot 0023

4. Building Owner West 96th Development, LLC Address 165 W. 73rd St.

5. City New York State NY Zip 10023 Contact Person Jamie Hefelfinger

6. Tel. # (212) 595-5565 Fax # _____ Email jw.hefelfinger@sackman.com

7. Description of the Entire Scope of Work
Demolition of a five story building

8. I, JAMES BOGGI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

08/06/2014, 07/10/2015 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: 80 sq. ft _____ linear ft.
 Specify locations (attach additional documents as necessary):
An asbestos abatement on the roof was conducted 12/4-12/5, 2014

☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

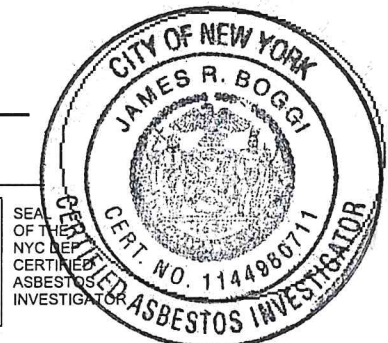
FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
1	Apt. 1	Plaster, brick	2	No	
Basement	At wall	Insulation	1	No	
2	Apt. 2	Plaster, window caulk	2	No	
5	Apt. 5	Sheetrock	1	No	
5	Apt. 6	Ceramic Tile	1	No	
Roof	Upper Roof	Roof felt	3	No	

I hereby declare the information provided herein is true and complete

JAMES BOGGI 7/23/2015 114498 7/13/2017
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (973) 334-5641 Fax # (973) 334-3508 Email EMPIREENVIRO@AOL.COM

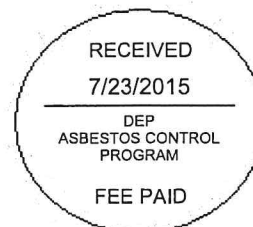
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR 763.86.



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Roof	Rear upper roof	Roof felt, flashing	2	Yes	
Roof	Front lower roof	Flashing, felt	3	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab	11938	8/7/2014

11. NYS DOL Asbestos Handling license # 29678 Company Name Empire Environmental, Ltd.

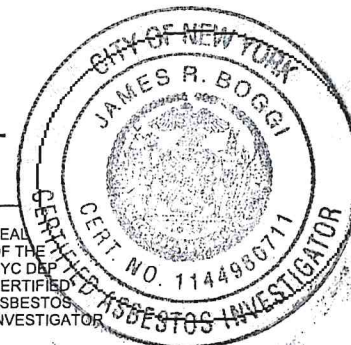
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SEAL
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ASBESTOS
INVESTIGATOR



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