



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: 1276368**
2. Premise No. 138 Street Name W 25th St Borough Manhattan Zip 10001
3. AKA _____ Type of Facility Commercial BIN 1014991 Block 00800 Lot 0061
4. Building Owner Tamkat Building Corp Address 21-21 41st Ave
5. City Long Island City State NY Zip 11101 Contact Person Tom
6. Tel. # (917) 403-9589 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Interior renovation of retail and restaurant space on cellar and first floors

8. I, ALAN BJORNEBY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/06/2016 1:00PM-2:00PM 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, cellar	halls	joint compound	3	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical Inc.	11469	12/6/2016

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 12/8/2016 132656 5/5/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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

Email alanb@eabarchitecture.com



SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR

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.

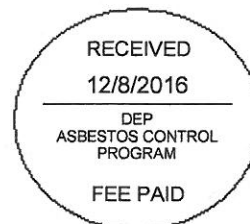
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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