



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: 1313003**

2. Premise No. 328 Street Name West 19th Street Borough Manhattan Zip 10011

3. AKA _____ Type of Facility Residence BIN 1013119 Block 00742 Lot 0054
328 West 19th St, LLC c/o

4. Building Owner Townhouse Property Group Address 25 West 45th Street, #502

5. City New York State NY Zip 10036 Contact Person Sean J. Lavin

6. Tel. # (212) 813-1895 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Replace gas boiler and gas water heater at Cellar.

8. I, DEMETRIUS MANOUSELIS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
05/30/2017 2:00PM-2:30PM 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
cellar	boiler room only	no visible ACM	0	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 58315 Company Name Demetrius Manouselis

I hereby declare the information provided herein is true and complete

DEMETRIUS MANOUSELIS 5/31/2017 116425 1/1/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 641-5671 Fax # _____

Email demntt7@gmail.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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