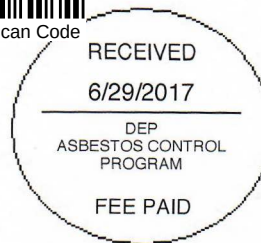




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 1328024

2. Premise No. 1 Street Name East 29 Street Borough Manhattan Zip 10016

3. AKA _____ Type of Facility Other BIN 1016925 Block 859 Lot 5

4. Building Owner The Church of the Transfiguration Address 1 East 29 Street

5. City New York State NY Zip 10016 Contact Person John David Van Dooren

6. Tel. # (212) 684-6770 Fax # _____ Email rector@littlechurch.org

7. Description of the Entire Scope of Work

Installation of pipe scaffold (40'L x 108'H on adjacent building facade).

8. I, MARY HARTIGAN, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

06/28/2017 11:30AM-11:45AM

Date(s)

in accordance

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: 4318 sq. ft _____ linear ft.

Specify locations (attach additional documents as necessary):

Masonry and Mortar are assumed asbestos.

☐ 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
OSP	Adjacent Building Facade Proposed Scaffold Location Only (4320 sq/ft)	Masonry and Mortar (4320 sq/ft)	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 61539 Company Name Environmental Experts, Inc.

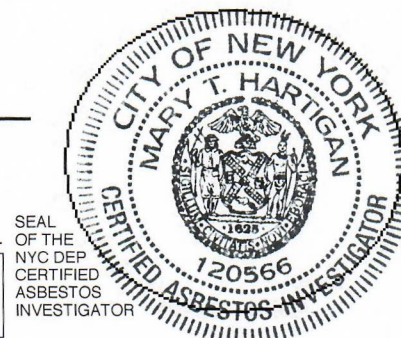
I hereby declare the information provided herein is true and complete

MARY HARTIGAN 6/29/2017 120566 12/7/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (914) 494-2285 Fax # _____

Email mhartigan127@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.



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

Note: There is always a possibility of existing ACM inside the wall, or above the ceiling, or under existing flooring. If any suspected ACM is found, all work should be stopped for reinspection.