



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: 1276647**

2. Premise No. 49 Street Name Howard Street Borough Manhattan Zip 10013

3. AKA 307 Canal St Type of Facility Commercial BIN 1087717 Block 00231 Lot 7503

4. Building Owner Palace Skateboards Inc. Address 100 Fulton St

5. City Boonton State NJ Zip 07005 Contact Person Dave Tomiselli

6. Tel. # (917) 757-1610 Fax # _____ Email _____

7. Description of the Entire Scope of Work

1st floor interior gut rehabilitation of existing vacant space to accommodate new retail tenant. Install new stand alone bathroom in unfinished basement with ejector pump.

8. I, EDWARD LENZO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

12/08/2016 9:00AM-10:00AM 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
Main floor interior	Remaining non structural perimeter walls.	Drywall and compound.	5	No	No
Main floor interior	Floor.	Ceramic tiles and concrete.	5	No	No
Main floor interior	Partial ceiling at front left side.	Drop panel ceiling tiles.	3	No	No
Basement	Walls, ceiling and floor.	None. Unfinished.	0	No	No

Edward Lenzo
I hereby declare the information provided herein is true and complete

EDWARD LENZO 12/11/2016 119354 9/1/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 916-7670 Fax # (718) 984-5495

Email elasbestos202@gmail.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





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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Amerisci New York	11480	12/9/2016

11. NYS DOL Asbestos Handling license # 55043 Company Name E.L. Asbestos Inspections

 I hereby declare the information provided herein is true and complete

EDWARD LENZO 12/11/2016 119354 9/1/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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INVESTIGATOR

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