



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: 1383029**

2. Premise No. 20 Street Name Clinton Street Borough Manhattan Zip 10002

3. AKA _____ Type of Facility Commercial BIN 1004261 Block 00350 Lot 7501
20 CLINTON STREET REALTY,

4. Building Owner LLC. Address 175 WEST BROADWAY

5. City NEW YORK State NY Zip 10013 Contact Person KATHY

6. Tel. # (212) 680-0140 Fax # _____ Email kathy@newyorkdesign.com

7. Description of the Entire Scope of Work
FILING TO RENOVATE EXISTING COMMERCIAL SPACE FOR RESTAURANT SPACE. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

8. I, REZA KHAMCY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
02/12/2018 1:30PM-2:45PM 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:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Building Floors	1	Wall & Ceiling	Plaster	3	No	
Building Floors	1	Floor	Floor Tile	2	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
KAM Consultants	11273	2/13/2018

I hereby declare the information provided herein is true and complete

REZA KHAMCY 2/14/2018 114293 5/23/2019
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (516) 860-4219 Fax # (516) 487-5077

Email rkhamcy@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, 40 CFR 763.80, 40 CFR 763.85.

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





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11. NYS DOL Asbestos Handling license # 61173 Company Name ICON Engineering, P.C.

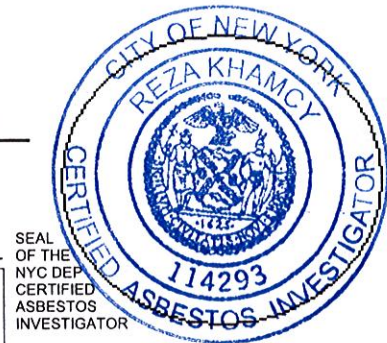
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REZA KHAMCY Reza 2/14/2018 114293 5/23/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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