



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: 1492689**

2. Premise No. 138 Street Name East 38th Street Borough Manhattan Zip 10016

3. AKA _____ Type of Facility Residence BIN 1019107 Block 00893 Lot 0064

4. Building Owner Tatham House, LLC Address 68 Main Street, 2nd Floor

5. City Tuckahoe State NY Zip 10707 Contact Person Bruno Gross

6. Tel. # (914) 793-8925 Fax # _____ Email renting@bi-coastal.com

7. Description of the Entire Scope of Work

INSTALLATION OF ACCESSIBLE RAMP TO SERVICE BUILDING ENTRANCE AS PER PLANS FILED. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

8. I, JAN PRONIEWSKI, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

10/12/2018 10:00AM-10:45AM

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: _____ 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
Ground Floor		Front Stairs	Stair Stone	3	No	No
Ground Floor		Front Stairs	Stair Stone Mortar	3	No	No
Ground Floor		Sidewalk	Concrete	3	No	No
Ground Floor		Sidewalk	Caulk	2	No	No
Ground Floor		Building Wall	Paint	2	No	No

I hereby declare the information provided herein is true and complete

JAN PRONIEWSKI

10/15/2018

113635

3/24/2019

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (718) 366-7600 Fax # (718) 296-8785

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

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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
EMSL Analytical, Inc. Carle Place, NY	11469	10/13/2018

11. NYS DOL Asbestos Handling license # 44376 Company Name Paulina Corporation

I hereby declare the information provided herein is true and complete

JAN PRONIEWSKI 10/15/2018 113635 3/24/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 366-7600 Fax # (718) 296-8785

Email paulinacorp@aol.com

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