



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: 1637117**

2. Premise No. 97 Street Name Fort Washington Avenue Borough Manhattan Zip 10032

3. AKA None Type of Facility Residence BIN 1063340 Block 2136 Lot 195

4. Building Owner FW Realty LLC Address 97 Fort Washington Avenue Suite 1

5. City New York State NY Zip 10032 Contact Person Wendy Acevedo (Manager)

6. Tel. # (212) 927-5252 Fax # _____ Email wendy@rebeccarealty.com

7. Work Type General Construction

Description of the Entire Scope of Work

Minor renovations to existing apartment 5C as per plans filed herewith. No change in use, egress or occupancy.

8. I, JACQUELINE JIMENEZ, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/08/2019 11:00AM-12:00PM 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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
- ☐ 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.
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-5	Apt. 5C Middle at Southwest, Kitchen Flooring.	Vinyl Floor Tile (Gray), Approx. 110 SF.	2	No	No				

I hereby declare the information provided herein is true and complete

Jacqueline Jimenez
JACQUELINE JIMENEZ
DEP Certified Asbestos Investigator's Signature

10/11/2019
Date

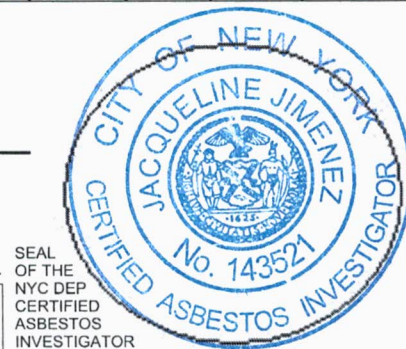
143521
Certificate Number

7/20/2020
Expiration Date

Tel. # (718) 924-9421 Fax # _____

Email jacqueline.jimenez@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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Building Floors-5	Apt. 5C Middle at Northwest, Living Area and Bedrooms Flooring (Bottom Layer).	Vinyl Floor Tile (Gray), Approx. 900 SF.	2	No	No				
Building Floors-5	Apt. 5C Middle at Northwest, Living Area and Bedrooms Flooring (Top Layer).	Linoleum Floor Tile (Light Brown), Approx. 900 SF.	2	No	No				
Building Floors-5	Apt. 5C Middle at Northwest, Living Area Interior Partition.	Sheetrock, Approx. 80 SF.	3	No	No				
Building Floors-5	Apt. 5C Middle at Southwest, Bedroom Interior Partition.	Brown Coat, Approx. 200 SF.	3	No	No				
Building Floors-5	Apt. 5C Middle at Southwest, Bedroom Interior Partition.	Plaster, Approx. 200 SF.	3	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab, Corp.	11999	10/10/2019
Atlas Environmental Lab, Corp.	11999	10/10/2019

11. NYS DOL Asbestos Handling license # 113203 Company Name Citiwide Asbestos Surveys, Inc.

12. Comment

NOTE: This acp5 is issued strictly as per job description above if there is any change, amending plans, adding or extending work area, any insulated pipe or unreachable material behind walls or any acm suspect, contact person or owner must call immediately the investigator for re-inspection.

I hereby declare the information provided herein is true and complete

JACQUELINE JIMENEZ
DEP Certified Asbestos Investigator's Signature10/11/2019
Date143521
Certificate Number7/20/2020
Expiration Date

Tel. # (718) 924-9421 Fax # _____

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