



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: 1620439**
2. Premise No. 200 Street Name West 54th Street Borough Manhattan Zip 10019
3. AKA _____ Type of Facility Residence BIN 1076200 Block 01025 Lot 7501
4. Building Owner Kelly Skalicky Address 200 West 54th Street
5. City New York State NY Zip 10019 Contact Person Kelly Skalicky
6. Tel. # (718) 690-3840 Fax # _____ Email miguel@gallerykbnny.com
7. Work Type General Construction, Other (Interior Renovation)

Description of the Entire Scope of Work
Apt Interior Renovation

8. I, ANA MACIO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
- 08/23/2019 10:00AM-11:00AM 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. 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: 0 sq. ft 20 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-11 to 11	Apt 11L/Kitchen/Closet & Living Room	Plaster (White & Brown)	6	No	No				

I hereby declare the information provided herein is true and complete

ANA MACIO 8/27/2019 149531 1/26/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 307-5517 Fax # _____

Email ana@avmenvironmental.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-11 to 11	Assumed Pipe Insulation Behind Partition Wall	Assumed Pipe Insulation Behind Partition Wall	0	No	Yes		20	No	c
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
JLC Environmental Consultants, INC	11029	8/27/2019

11. NYS DOL Asbestos Handling license # 112205 Company Name AVM Environmental Inc

12. Comment

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