



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: 1705190**
2. Premise No. 166 Street Name East 35th Street Borough Manhattan Zip 10016
3. AKA _____ Type of Facility _____ BIN 1018530 Block 00890 Lot 0049
4. Building Owner Osse, Inc c/o Pride Management Address 155 East 44th Street
5. City New York State NY Zip 10017 Contact Person Justin Clayton
6. Tel. # (212) 690-0800 Fax # _____ Email bud@pride22.com
7. Work Type General Construction

Description of the Entire Scope of Work

Lintel Replacement, Brick Replacement and Mortar Repointing.

8. I, BING LIANG, have conducted an asbestos investigation on
06/08/2020 10:30AM-12:00PM in accordance
Name of Certified Asbestos Investigator 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
Facade-7 to 9	East Elevation/ Apt 7F & Apt 9F	Brick Mortar	3	No	No				

I hereby declare the information provided herein is true and complete

BING LIANG 6/17/2020 152941 1/15/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (914) 288-0805 Fax # (914) 288-0807

Email bing@nicheanalysisinc.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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Facade-7 to 9	East Elevation/ Apt 7F & Apt 9F	Sill Cement	3	No	No				
Facade-7 to 9	East Elevation/ Apt 7F & Apt 9F	Window-Sill & Window Frame Caulking	3	No	No				
Facade-7 to 9	East Elevation/ Apt 7F & Apt 9F	AC Sleeve Caulking	3	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Niche Analysis, Inc.	11236	6/9/2020
KAM Consultants, Inc	11273	6/8/2020
KAM Consultants, Inc	11273	6/15/2020

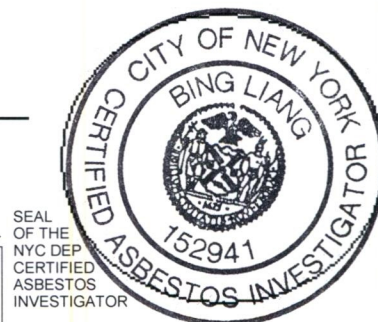
11. NYS DOL Asbestos Handling license # 28914 Company Name Niche Analysis, Inc.**12. Comment****I hereby declare the information provided herein is true and complete**

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