



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: 1660422**

2. Premise No. 27 Street Name West 72 Street Borough Manhattan Zip 10023

3. AKA _____ Type of Facility Residence BIN 1087511 Block 01125 Lot 7502

4. Building Owner Stellar Management Address 156 William Street 10TH FLOOR

5. City New York State NY Zip 10038 Contact Person Smajle Srdanovic

6. Tel. # (212) 843-3562 Fax # _____ Email ssrdanovic@stellarmanagement.com

7. Work Type General Construction

Description of the Entire Scope of Work

Interior renovations of Apt1211, including non-bearing partitions, fixtures and finishes as per plan.

8. I, JAROSLAV PISTEK, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

12/20/2019 9:30AM-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: 7 sq. ft 50 linear ft.

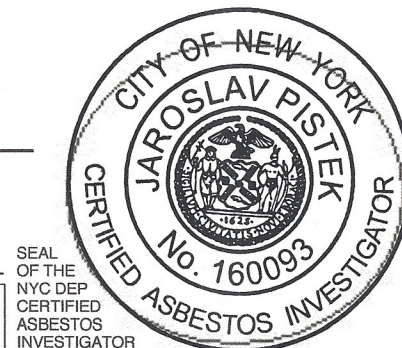
☐ d. entire building is free of asbestos containing material (ACM).

I hereby declare the information provided herein is true and complete

JAROSLAV PISTEK 1/21/2020 160093 1/30/2022
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 470-3493 Fax # _____

Email jaroslavpistek@yahoo.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.

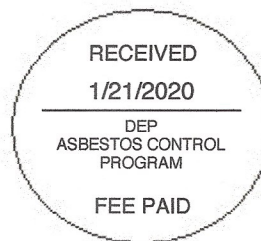
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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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-12	Apt.1211	plaster, sheetrock, wall tile grout in bathroom, floor tile grout in bathroom, wall tile thin set in bathroom, caulking around bathroom fixtures	13	No	No				
Building Floors-12	Apt.1211	pipe insulation behind walls	0	Yes	Yes		50	No	c
Building Floors-12	Apt.1211	window caulking & balcony enclosure caulking	0	Yes	Yes	3		No	c
Building Floors-12	Apt.1211	balcony enclosure glass glazing.	0	Yes	Yes	4		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab	11999	12/21/2019

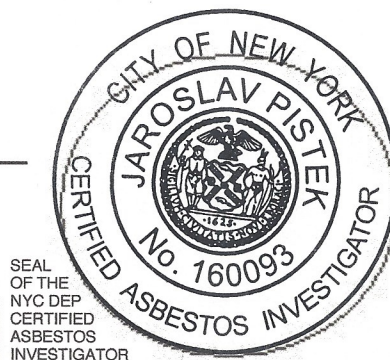
11. NYS DOL Asbestos Handling license # 60418 Company Name City Green Street Inc.

12. Comment

I hereby declare the information provided herein is true and complete

JAROSLAV PISTEK 1/21/2020 160093 1/30/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
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