



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: 1526798**
2. Premise No. 752 Street Name West End Avenue Borough Manhattan Zip 10025
3. AKA _____ Type of Facility Residence BIN 1056066 Block 01868 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

Exterior West and North side facade renovation including installation of new door and windows as per plans. No change in use, occupancy, or egress

8. I, MAREK KRUK, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
01/15/2019 2:15PM-3:00PM 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
Facade-1 to 24	West and North Facade	mortar, caulking	12	No					

I hereby declare the information provided herein is true and complete

MAREK KRUK 1/19/2019 126751 2/7/2019
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (718) 302-0366 Fax # _____

Email krukmarek@hotmail.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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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab	11999	1/16/2019

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

12. Comment

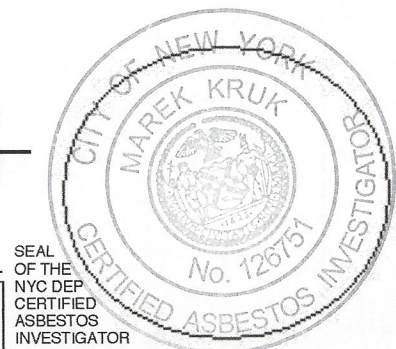
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