



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: 1748559**

2. Premise No. 411 Street Name East 53rd Street Borough Manhattan Zip 10022

3. AKA _____ Type of Facility Residence BIN 1040162 Block 01365 Lot 7501
411 East 53rd Street Condo

4. Building Owner Assoc Address 551 5th Avenue, Room 500

5. City Manhattan State NY Zip 10176 Contact Person James R Letsen

6. Tel. # (212) 340-9606 Fax # _____ Email _____

7. Work Type Other (Facade repair)

Description of the Entire Scope of Work

FISP repairs to include miscellaneous brick replacement and repointing, installation of helical pins, replacement of window sealant and repair of horizontal seal at shelf angles. No change to use, egress or occupancy

8. I, JOSEPH IKHALEA, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
06/24/2020 9:45AM-11:15AM 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:

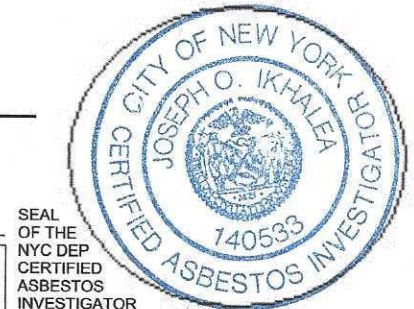
Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-1 to 20	South, West and North elevations	Brick mortar	16	No	No				

I hereby declare the information provided herein is true and complete

JOSEPH IKHALEA 7/16/2020 140533 7/31/2022
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (347) 924-6691 Fax # _____

Email joseph@peoplesenviro.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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Roof	Bulk head	Brick mortar	3	No	No				
Roof	Bulk head	Window caulking	3	No	No				
Facade-2 to 12	South, West, North and East elevations	Caulking (expansion joints)	11	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL	11506	6/30/2020
EMSL	11506	7/1/2020

11. NYS DOL Asbestos Handling license # 112330 Company Name JEF Environmental

12. Comment

I hereby declare the information provided herein is true and complete

JOSEPH IKHALEA 7/16/2020 140533 7/31/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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