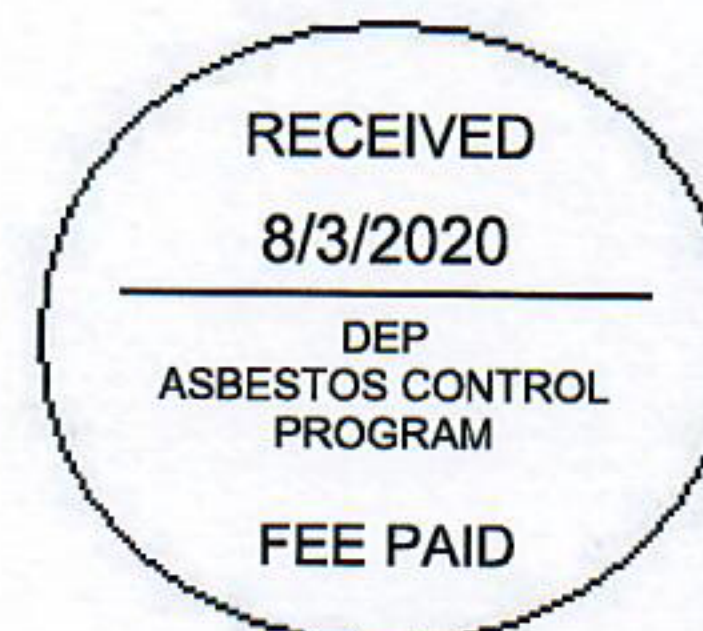




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1750628**
2. Premise No. 150 Street Name West 25th Street Borough Manhattan Zip 10001
3. AKA _____ Type of Facility _____ BIN 1014992 Block 00800 Lot 0065
4. Building Owner Dezer Properties 146 LLC Address 89 Fifth Avenue
5. City New York State NY Zip 10003 Contact Person Richard Angel
6. Tel. # (212) 929-1285 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

General construction on 2nd floor consisting of interior work for AEO as per plans filed. No change in use, egress and occupancy.

8. I, ALEKSANDR KONDRATYEV, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
07/29/2020 12:00PM-12:45PM 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 100 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-2	Wall	Plaster	3	No	No				

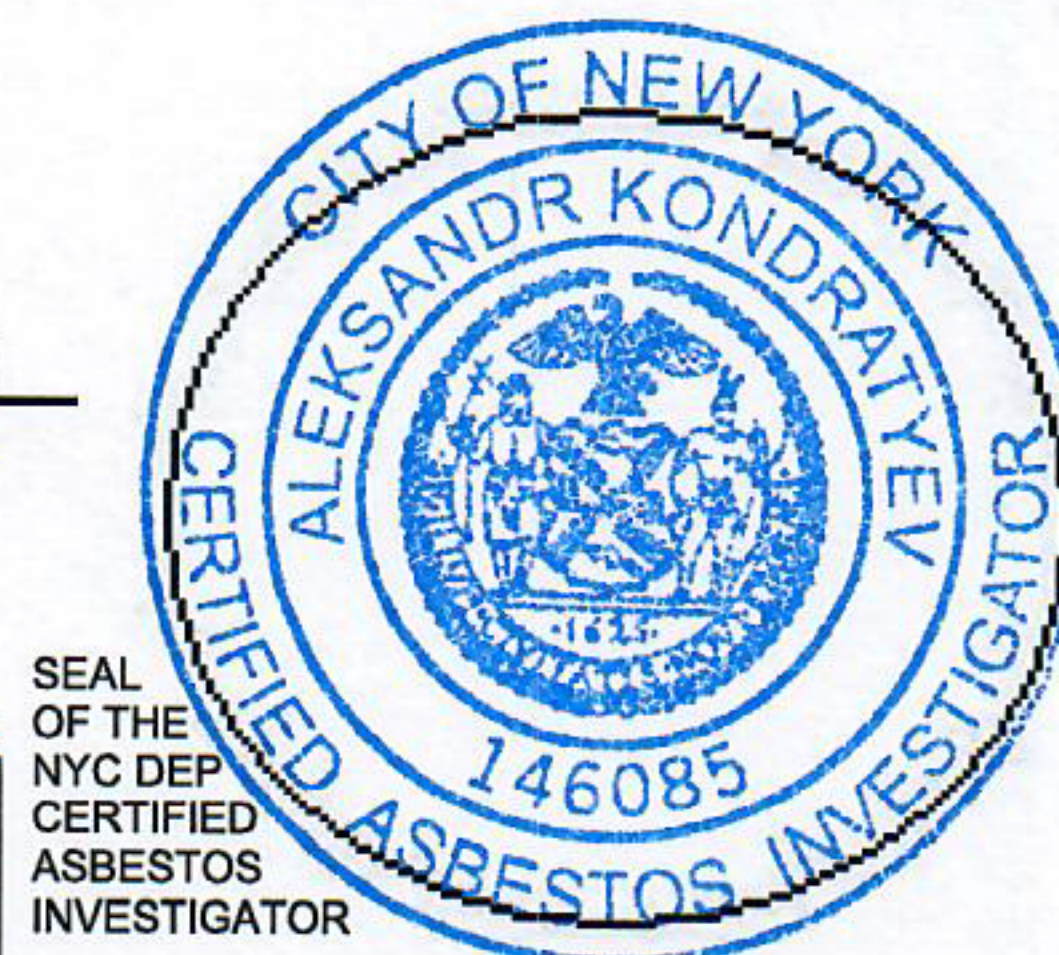
I hereby declare the information provided herein is true and complete

ALEKSANDR KONDRATYEV 8/3/2020 146085 12/25/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 681-6005 Fax # _____

Email ajk.inc@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

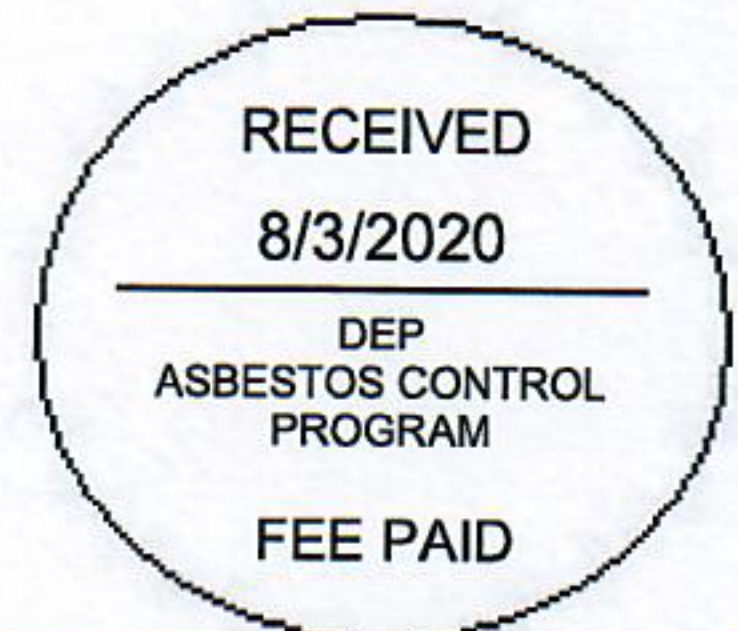


8/3/2020 12:28:32 PM

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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Building Floors-2	Pipe chases	Possible pipe insulation hidden behind finished walls	0	Yes	Yes		100	No	c
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri Sci NY	11480	8/1/2020

11. NYS DOL Asbestos Handling license # 38991 Company Name Certified Asbestos Removal Corp.

12. Comment

Wooden floor throughout the entire 2nd floor to remain. Not to be disturbed.

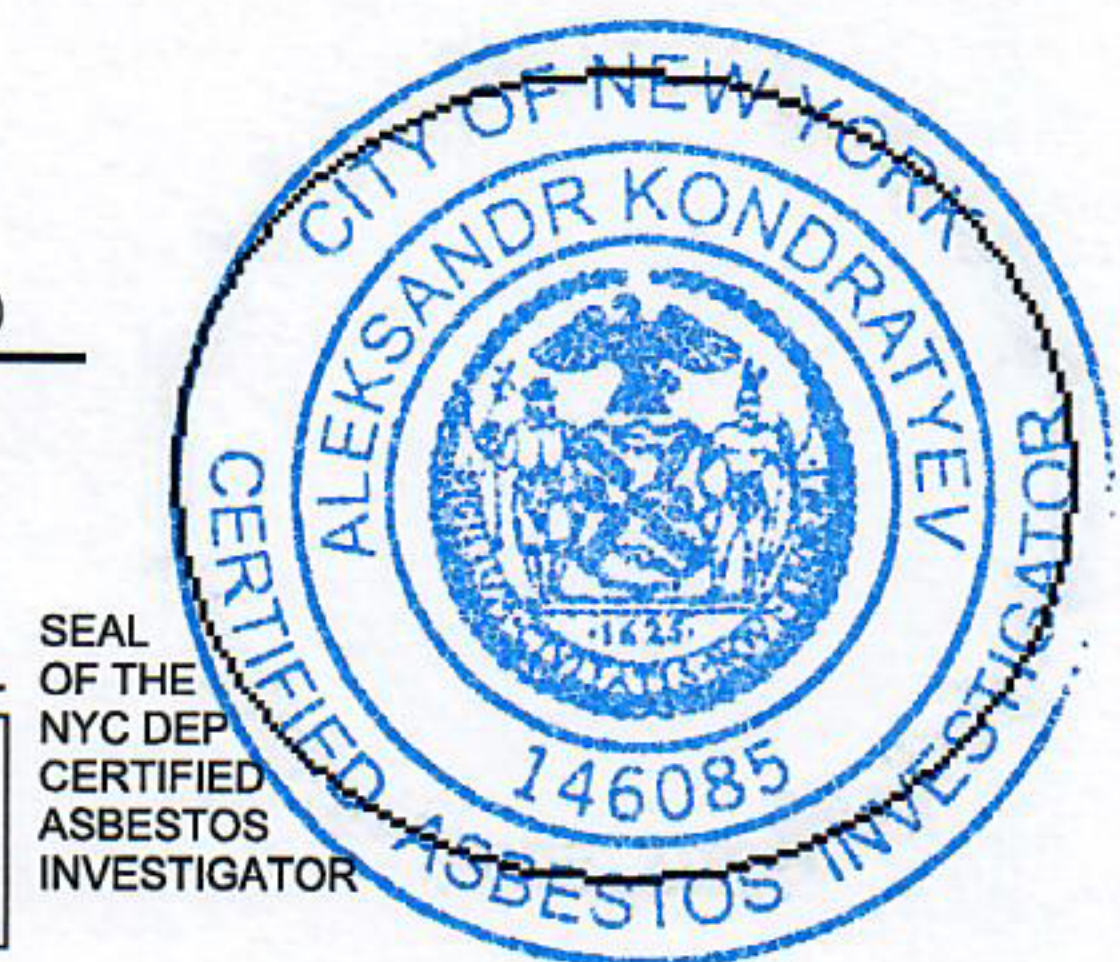
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ALEKSANDR KONDRATYEV 8/3/2020 146085 12/25/2020
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Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



