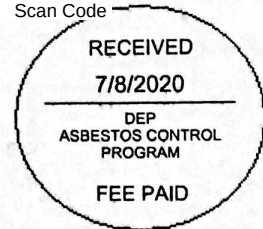




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1707389**

2. Premise No. 928 Street Name Broadway Borough Manhattan Zip 10010

3. AKA _____ Type of Facility Commercial BIN 1016242 Block 00850 Lot 0012

4. Building Owner GRUNBERG 928 LLC Address 928 Broadway

5. City New York State NY Zip 10010 Contact Person Ariel Grunberg

6. Tel. # (212) 489-7198 Fax # _____ Email _____

7. Work Type General Construction, Other (Facade Repairs)

Description of the Entire Scope of Work

Facade repairs including masonry repairs. No change to use, egress or occupancy.

8. I, MATTHEW STOCK, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
06/10/2020 10:00AM-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: 100 sq. ft 0 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
Roof	Parapet Wall	Caulking on Metal Coping	2	No	No				
Roof	Chimney	Waterproofing Tar under stucco	2	Yes	No	100		No	c

I hereby declare the information provided herein is true and complete

MATTHEW STOCK 7/8/2020 116516 8/9/2021
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 875-9506 Fax # _____

Email mattstock@msn.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.

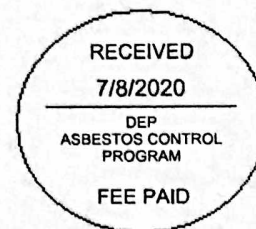


Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No





NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
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Roof	Chimney/Parapet Wall	Brick	4	No	No				
Roof	Chimney/Parapet Wall	Mortar	4	No	No				
Roof	Chimney/Parapet Wall	Stucco	4	No	No				
Facade-1 to 12	Throughout	Limestone	2	No	No				
Facade-1 to 12	Throughout	Limestone Mortar	3	No	No				
Facade-1 to 12	Throughout	Brick (tan)	5	No	No				
Facade-1 to 12	Throughout	Brick (tan) Mortar	5	No	No				
Facade-1 to 12	Throughout	Brick (red)	5	No	No				
Facade-1 to 12	Throughout	Brick (red) Mortar	5	No	No				
Facade-1 to 12	Throughout	Sill	3	No	No				
Facade-1 to 12	Throughout	Sill Mortar	3	No	No				
Facade-1 to 12	Throughout	Lintel	3	No	No				
Facade-1 to 12	Throughout	Lintel Mortar	3	No	No				
Facade-1 to 12	Throughout	Window Caulking	2	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc.	11506	6/17/2020

11. NYS DOL Asbestos Handling license # 28954 Company Name GAC Environmental, Inc.

12. Comment

I hereby declare the information provided herein is true and complete

MATTHEW STOCK 7/8/2020 116516 8/9/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 875-9506 Fax # _____

Email mattstock@msn.com

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



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