



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: 1764003
2. Premise No. 160 Street Name Mercer Street Borough Manhattan Zip 10012
3. AKA _____ Type of Facility _____ BIN 1090906 Block 00512 Lot 0017
4. Building Owner BENJAMIN PARTNERS Address 589 BROADWAY
5. City NEW YORK State NY Zip 10012 Contact Person RAFAEL ORTIZ
6. Tel. # (212) 334-8700 Fax # _____ Email RORTIZ@BENJAMINPARTNERS.COM
7. Work Type _____

Description of the Entire Scope of Work

1. REMOVE SHEETROCK CEILING IN CELLAR AS PER PLANS, IN CONJUNCTION WITH STRUCTURAL STEEL REPAIR APPLICATION # M00390756. NO CHANGE IN USE EGRESS OR OCCUPANCY. THIS APPLICATION TO BE PROFESSIONALLY CERTIFIED. 2. REPAIR TO STRUCTURAL FLOOR SUPPORT AS PER PLANS. NO CHANGE IN USE EGRESS OR OCCUPANCY. THIS APPLICATION IN CONJUNCTION WITH APPLICATION #

8. I, GIORGI KABANASHVILI, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

08/31/2020 12:30PM-3:00PM

Date(s)

in accordance

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).

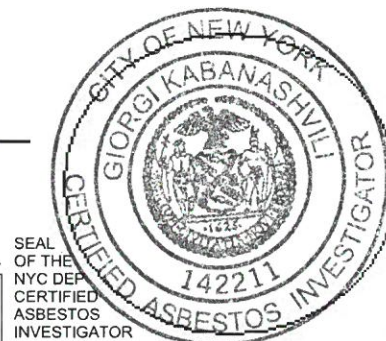
I hereby declare the information provided herein is true and complete

GIORGI KABANASHVILI 9/1/2020 142211 1/2/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 545-1855 Fax # _____

Email gkabanashvili@adv-env.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
Cellar	Throughout SOW Areas	Gypsum Board (Material Homogeneous on 1st Floor)	1	No	No				
Cellar	Throughout SOW Areas	Gypsum Board Joint Compound (Material Homogeneous on 1st Floor)	1	No	No				
Cellar	Throughout SOW Areas	Wall Brick Mortar (Material Homogeneous on 1st Floor)	1	No	No				
Cellar	Throughout SOW Areas	Stone Wall Mortar	2	No	No				
Cellar	Throughout SOW Areas	Rubber Baseboard Molding Mastic, Yellow	2	No	No				
Cellar	Throughout SOW Areas	Fiberglass Pipe Insulation Wrap, White	3	No	No				
Cellar	Throughout SOW Areas	2' x 2' Solid Ceiling Tiles	2	No	No				
Building Floors-1 to 1	Throughout SOW Areas	Gypsum Board	1	No	No				
Building Floors-1 to 1	Throughout SOW Areas	Gypsum Board Joint Compound	1	No	No				
Building Floors-1 to 1	Throughout SOW Areas	Wall Brick Mortar	1	No	No				
Building Floors-1 to 1	Throughout SOW Areas	Terrazzo Floor	2	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Amerisci	11480	8/31/2020
Amerisci	11480	9/1/2020

11. NYS DOL Asbestos Handling license # 39326 Company Name Advanced Environmental Corp

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12.Comment

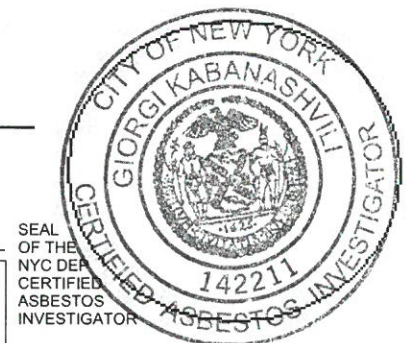
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