



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



Control Number: 1778100

1. NYC DOB Job # (if applicable) _____
2. Premise No. 333 Street Name East 81 Street Borough Manhattan Zip 10028
3. AKA _____ Type of Facility Residence BIN 1049848 Block 01544 Lot 0013
333 E 81 Street Associates
4. Building Owner LLC Address 109 Spencer Place
5. City Mamaroneck State NY Zip 10543 Contact Person Raquel Concepcion
6. Tel. # (212) 722-1500 Fax # _____ Email _____
7. Work Type Other (exterior facade repairs)

Description of the Entire Scope of Work

exterior facade repairs for correction of violation 354-331-84P /355-023-43J

8. I, KENNETH FRIEDMAN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
09/30/2020 3:30PM-4:30PM 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 5	exterior facade	facade	2	No					
Facade-1 to 5	w-caulk	window caulk	2	No					

I hereby declare the information provided herein is true and complete

KENNETH FRIEDMAN 10/5/2020 116636 11/26/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (914) 762-2296 Fax # _____

Email SECIKF@optonline.net

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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
AmeriSci NY	11040	10/3/2020

11. NYS DOL Asbestos Handling license # 62523 Company Name KF ACM Services

12. Comment

exterior facade/window caulk repairs only. no roofing

I hereby declare the information provided herein is true and complete

KENNETH FRIEDMAN 10/5/2020 116636 11/26/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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