



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: 1675719**
2. Premise No. 205 Street Name East 85th Street Borough Manhattan Zip 10028
3. AKA _____ Type of Facility Residence BIN 1087920 Block 01531 Lot 7501
4. Building Owner Alexander C Robinson Address 205 East 85th Street, Apt. 11BCD
5. City New York State NY Zip 10028 Contact Person Alexander C Robinson
6. Tel. # (917) 687-4977 Fax # _____ Email alex_c_robinson@hotmail.com
7. Work Type General Construction

Description of the Entire Scope of Work

Interior renovation and combination of existing apartments 11B & 11CD. No work to windows or pipe insulation.

8. I, MICHAEL VILLACRES, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

12/09/2019 9:00AM-10:00AM 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-11	Apts. 11B & 11CD - Interior throughout	Drywall	3	No	No				

I hereby declare the information provided herein is true and complete

MICHAEL VILLACRES 2/27/2020 131639 11/8/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 475-4122 Fax # (212) 477-8941

Email mike@habader.net

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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Building Floors-11	Apts. 11B & 11CD - Interior throughout	Joint Compound	3	No	No				
Building Floors-11	Apts. 11B & 11CD - Below wood floors throughout	Wood Floor Mastic	2	No	No				
Building Floors-11	Apts. 11B & 11CD - Bathroom	Ceramic Tile Grout	2	No	No				
Building Floors-11	Apts. 11B & 11CD - Bathroom	Ceramic Tile Mortar	2	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc.	11506	12/11/2019
EMSL Analytical, Inc.	11506	12/10/2019

11. NYS DOL Asbestos Handling license # 28903 Company Name H.A. Bader Consultants, Inc.

12. Comment

I hereby declare the information provided herein is true and complete

MICHAEL VILLACRES2/27/202013163911/8/2021

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

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SEAL
OF THE
NYC DEP
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ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

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