



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: 1795642**

2. Premise No. 492 Street Name BROOME STREET Borough Manhattan Zip 10013

3. AKA _____ Type of Facility Residence BIN 1007304 Block 00487 Lot 0004

4. Building Owner FUNKY FOUNDATIONS INC. Address 50 COMMERCE STREET

5. City NEW YORK State NY Zip 10014 Contact Person Malcolm Goodspeed

6. Tel. # (212) 242-2915 Fax # _____ Email _____

7. Work Type General Construction

Description of the Entire Scope of Work

Renovation of existing elevator vestibule (on 1st floor lobby).

8. I, AHMAD FAREGHBAI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
11/27/2020 11:00AM-12:00PM 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: _____ 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-1	Elevator Vestibule (Lobby) Walls and Ceiling	Plaster.	5	No	No				

I hereby declare the information provided herein is true and complete

AHMAD FAREGHBAI 12/7/2020 131636 7/31/2022
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (914) 309-1433 Fax # _____

Email fare2020@yahoo.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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Building Floors-1	Elevator Vestibule (Lobby) Walls	Sheet Rock.	3	No	No				
Building Floors-1	Elevator Vestibule (Lobby) Floor Ceramic Tile	Grout.	2	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab, Corp.	11999	11/28/2020

11. NYS DOL Asbestos Handling license # 51011 Company Name Testor Technology Environmental Services Inc.

12. Comment

Elevator itself and front door and window are not affected.

I hereby declare the information provided herein is true and complete

AHMAD FAREGHBAI A. Fareghbai 12/7/2020 131636 7/31/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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12/7/2020 8:30:41 PM

Page 2 of 2 ACP5 10/2018