



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: 1344163**

2. Premise No. 63 Street Name Avenue D Borough Manhattan Zip 10009

3. AKA _____ Type of Facility Residence BIN 1004447 Block 00375 Lot 0042

4. Building Owner 63 Avenue D, LLC Address 424 Madison Avenue - 16th Floor

5. City New York State NY Zip 10017 Contact Person Charles Yassky

6. Tel. # (212) 223-1270 Fax # _____ Email jon@yprop.net

7. Description of the Entire Scope of Work

Interior renovation of 2nd floor apartment 1A. Partition, HVAC, plumbing and electrical system modifications as required for the new layout. Windows, wood floors and pipes within chases will not be disturbed and are excluded from the inspection.

8. I, RICHARD MASSARI, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator

10/03/2017 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. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).
- ☒ 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: 700 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Assumed ACM layered flooring & mastic throughout the apartment.
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
2	Apt. 1A - Interior	Plaster	5	No	No
2	Apt. 1A - Kitchen & Bathroom	Ceramic Tile Grout	2	No	No
2	Apt. 1A - Interior	Drywall/Joint Compound	6	No	No
2	Apt. 1A - Interior	Floor Tiles, Linoleum & Mastic	0	Yes	Yes

I hereby declare the information provided herein is true and complete

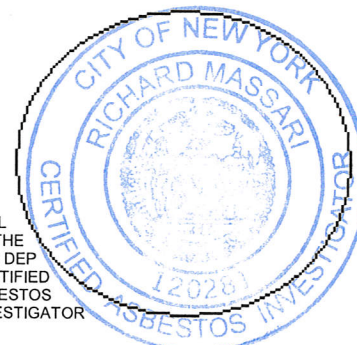
RICHARD MASSARI 10/5/2017 120281 11/27/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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

Email rich@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.

SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR



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
EMSL Analytical, Inc.	11506	10/4/2017

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

I hereby declare the information provided herein is true and complete

RICHARD MASSARI 10/5/2017 120281 11/27/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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