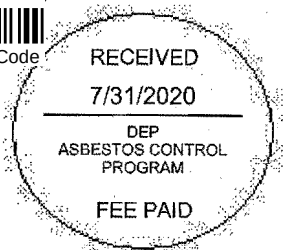




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4750358**

2. Premise No. 150 Street Name GREENWAY TERRACE Borough Queens Zip 11375

3. AKA _____ Type of Facility Residence BIN 4078317 Block 03272 Lot 0001

4. Building Owner SIBA MGT INC Address 580 5TH AVENUE 16TH FLOOR

5. City MANHATTAN State NY Zip 10036 Contact Person EDWARD ABRAM

6. Tel. # (212) 764-0700 Fax # _____ Email INFO@SIBAMGT.COM

7. Work Type General Construction

Description of the Entire Scope of Work

REPAIR EXTERIOR FACADE AS PER LOCAL LAW 11.

8. I, TONG SING LEE, have conducted an asbestos investigation on _____ in accordance
Name of Certified Asbestos Investigator
07/24/2020 11:00AM-11:45AM
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-001 to 006	EXTERIOR WALL	REPAIR EXISTING BRICK WALL, BRICK MORTAR	7	No	No				

I hereby declare the information provided herein is true and complete

TONG SING LEE 7/31/2020 121995 6/1/2022
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 623-0290 Fax # _____

Email tslee202020@yahoo.com

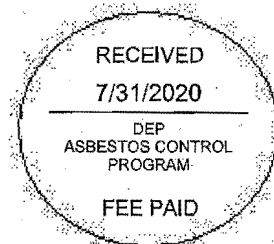
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR 763.86.



Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



25768294

**NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION**Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373**ASBESTOS ASSESSMENT REPORT**

Facade-001 to 006	EXTERIOR WALL	WINDOW SILL MORTAR	3	No	No				
Facade-001 to 006	EXTERIOR WALL	COPING STONE MORTAR	3	No	No				
Outside Space	BRICK FENCE	BRICK MORTAR	3	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
METRO ANALYTICAL LABORATORIES	12003	7/31/2020

11. NYS DOL Asbestos Handling license # 66067 Company Name TSL Building Service Inc.**12. Comment**

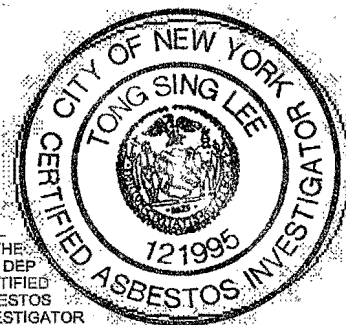
I hereby declare the information provided herein is true and complete

TONG SING LEE 7/31/2020 121995 6/1/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 623-0290 Fax # _____Email tslee202020@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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

25768294