



NYC DEPARTMENT C

Asbc
59-17 Junction Boul

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 5588146**
2. Premise No. 145 Street Name East Service Road Borough Staten Island Zip 10314
3. AKA LA Fitness Type of Facility Commercial BIN 5107392 Block 02638 Lot 0050
Acadia West Shore Expressway,
4. Building Owner LLC Address 411 Theodore Fremd Avenue, Suite 300
5. City Rye State NY Zip 10580 Contact Person Ashley Olsen
6. Tel. # (914) 288-8100 Fax # _____ Email aolsen@acadiarealty.com
7. Work Type General Construction

Description of the Entire Scope of Work

ACADIA-LAF BRICK FAILURE REVIEW; REMOVAL AND RECONSTRUCTION OF MASONRY PARAPET WALL AND MASONRY WALL VENEER IN RESPONSE TO SUMMONS # 35376087P. NO CHANGE IN USE, EGRESS, OCCUPANCY, ZONING COMPUTATION AND/OR SQUARE FOOTAGE UNDER THIS PROCERT, DIR. 14, ALT. TYPE 2 APPLICATION.

8. I, CHARLES POWERS, have conducted an asbestos investigation on
05/30/2019 3:00PM-4:00PM 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:

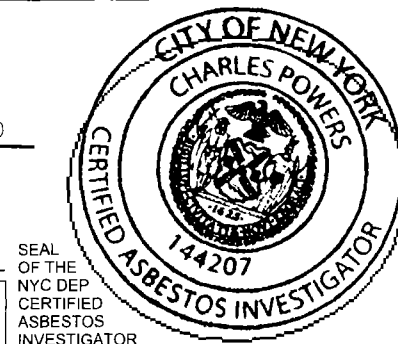
Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Roof	North Section	Roof Membrane (Top Layer)	2	No	No				

I hereby declare the information provided herein is true and complete

CHARLES POWERS 6/4/2019 144207 11/17/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 932-3228 Fax # _____

Email cpowers@cnsenviro.com



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





NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT



Roof	North Section	Roof Membrane (Bottom Layer)	2	No	No				
Roof	North Section	Flashing	2	No	No				
Roof	North Section	Tar	2	No	No				
Roof	North Section	Wall Mastic (black)	2	No	No				
Roof	North Section	Cinderblock	0	No	No				
Roof	North Section	Concrete	0	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab	12109	6/3/2019

11. NYS DOL Asbestos Handling license # 76631 Company Name CNS Environmental Corporation

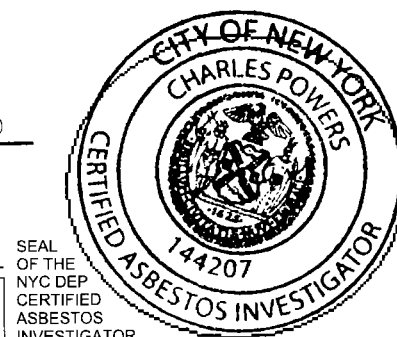
12. Comment

I hereby declare the information provided herein is true and complete

<u>CHARLES POWERS</u>	<u>6/4/2019</u>	<u>144207</u>	<u>11/17/2020</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

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