



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: 11273749**

2. Premise No. 5 Street Name East Main Street Borough Manhattan Zip 10044

3. AKA _____ Type of Facility Other BIN 1091619 Block 01373 Lot 0001

4. Building Owner NYC Housing Preservation & Development (NYCHPD) Address 105 East 106 Street

5. City NY State NY Zip 10029 Contact Person Subash Thomas

6. Tel. # (212) 863-6146 Fax # (212) 863-6008 Email sahaa@hpd.nyc.gov

7. Work Type _____

Description of the Entire Scope of Work

Demolish and removal of brick East and West chimney stacks inclusive of foundation walls"

8. I, ASHUTOSH SAHA, have conducted an asbestos investigation on _____ in accordance
Name of Certified Asbestos Investigator
08/15/2024 10:00AM-12:30PM _____
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
Outside Space	Entire	Concrete above ground level, East Stack	3	No	No				

I hereby declare the information provided herein is true and complete. I verify under penalty of perjury under the laws of the United States of America that I was physically present at the premises while conducting the inspection.

ASHUTOSH SAHA 12/4/2025 112917 1/29/2027
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (929) 271-0622 Fax # (212) 863-6008

Email sahaa@hpd.nyc.gov

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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Outside Space	Entire	Concrete Stack base, East Stack	3	No	No				
Outside Space	Entire	bricks mortar, East Stack	3	No	No				
Outside Space	Entire	Bricks, East Stack	3	No	No				
Outside Space	Entire	Gasket, East Stack	3	No	No				
Outside Space	Entire	Bricks interior wall, East Stack	3	No	No				
Outside Space	Entire	Bricks mortar interior wall, East Stack	3	No	No				
Outside Space	Entire	Debris interior floor, East Stack	3	No	No				
Outside Space	Entire	Concrete above ground, West Stack	3	No	No				
Outside Space	Entire	stack base, West Stack	3	No	No				
Outside Space	Entire	brick mortar, West Stack	3	No	No				
Outside Space	Entire	gasket, West Stack	3	No	No				
Outside Space	Entire	bricks interior wall, West Stack	3	No	No				
Outside Space	Entire	bricks mortar interior wall, West Stack	3	No	No				
Outside Space	Entire	debris interior floor, West Stack	3	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
New York Environmental	11510	8/19/2024

11. NYS DOL Asbestos Handling license # 29019 Company Name New York City Dept. Housing Preservation And Devel

12. Comment

If any suspect material that have not been sampled including concealed materials should encountered and will be disturb by scope of work, then all work must be stop immediately and additional sample must be taken place.

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ASHUTOSH SAHA 12/4/2025 112917 1/29/2027
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
 Tel. # (929) 271-0622 Fax # (212) 863-6008
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