



255 West 36th St., Suite #101  
 New York, NY 10018  
 p: (212) 695-0165 f: (212) 695-0183

# ANALYSIS of LEAD SURFACE WIPE SAMPLES

Client: Environmental Consulting & Management Services Inc  
 Address: 10 Filmont Rd  
 New City NY 10956  
 P: (845) 638-0640 F:

Contract: Silverstone Property Group  
 Client Job #:  
 Location: 325 East 12th Street

Metro Lab ID #: L17100024

Sample Received: 10/10/2017  
 Lead Analysis Date: 10/10/2017

Contact: Marc Rutstein  
 M:  
 E: Marc.Rutstein@ecmsny.com

Sampled By: R.B.  
 Sampled Date: 10/01/2017  
 Turnaround Time: 24 hrs  
 NY NY

Reported By: Stephanie Lugo  
 Report Date: 10/11/2017

## Summary of Analysis

LAB ID #	Client Sample #	Sample Description	Sample Location Dimensions		Sample Location Area		Lead per Square Foot (µg Pb / ft <sup>2</sup> )
			Length (in)	Width (in)	(in <sup>2</sup> )	(ft <sup>2</sup> )	
1	A	QA / QC BLANK	N/A	N/A	N/A	N/A	< 20
2	1	7/6 WIN. SILL	7	33	231	1.60	< 12.5
3	2	7/6 TREAD	10	39	390	2.71	< 7.4
4	3	7/8 LANDING	12	12	144	1.00	22.9
5	4	6TH FL HALL FLOOR	12	12	144	1.00	< 20
6	5	6/5 WIN SILL	7	33	231	1.60	14.7
7	6	6/5 TREAD	10	39	390	2.71	8.4
8	7	6/5 LANDING	12	12	144	1.00	< 20
9	8	5TH FL HALL FLOOR	12	12	144	1.00	< 20
10	9	5/4 WIN SILL	7	33	231	1.60	14.5

Comments

\*\*Prep = EPA 3050B. Analysis = EPA 7000B. Reporting Limit (RL) - 20.0 µg Total Lead.

Zlatan Dimitrijevic  
 Laboratory Director

Zoya Smirnov  
 Lead Analyst

NYS ELAP ID # 12003

AIHA # 220677

ANALYSIS of LEAD  
SURFACE WIPE SAMPLES

Client: Environmental Consulting & Management Services Ir  
Address: 10 Filmont Rd  
New City NY 10956  
P: (845) 638-0640 F:

Contract: Silverstone Property Group  
Client Job #:  
Location: 325 East 12th Street

Metro Lab ID #: L17100024

Contact: Marc Rutstein  
M:  
E: [Marc.Rutstein@ecmsny.com](mailto:Marc.Rutstein@ecmsny.com)

Sampled By: NY R.B.  
Sampled Date: 10/01/2017  
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Sample Received: 10/10/2017  
Lead Analysis Date: 10/10/2017

Reported By: Stephanie Lugo  
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Summary of Analysis

LAB ID #	Client Sample #	Sample Description	Sample Location Dimensions		Sample Location Area		Lead per Square Foot (µg Pb / ft²)
			Length (in)	Width (in)	(in²)	(ft²)	
11	10	5/4 TREAD	10	39	390	2.71	< 7.4
12	11	5/4 LANDING	12	12	144	1.00	26.4
13	12	4TH FL HALL FLOOR	12	12	144	1.00	< 20
14	13	4/3 WIN SILL	7	33	231	1.60	< 12.5
15	14	4/3 TREAD	10	39	390	2.71	< 7.4
16	15	4/3 LANDING	12	12	144	1.00	< 20
17	16	3RD FL HALL FLOOR	12	12	144	1.00	23.4
18	17	3/2 WIN SILL	33	9	297	2.06	< 9.7
19	18	3/2 TREAD	10	39	390	2.71	< 7.4
20	19	3/2 LANDING	12	12	144	1.00	< 20
Comments							

\*\*Prep = EPA 3050B. Analysis = EPA 7000B. Reporting Limit (RL) - 20.0 µg Total Lead.

Zlatan Dimitrijevic  
Laboratory Director

Zoya Smimov  
Lead Analyst

NYS ELAP ID # 12003

AIHA # 220677

**HEALTHY HOMES PROGRAM/LEAD POISONING PREVENTION**  
 125 Worth Street, 6th Floor, CN-58, New York, NY 10013, (646) 632-6002, Fax: (347) 396-8926 or (646) 632-6004

**Field Sampling and Chain of Custody Form for Environmental Sampling**

Child ID #:	<input type="checkbox"/> Case <input checked="" type="checkbox"/> Complaint	Job Number (XRF):	<input checked="" type="checkbox"/> Check here if no XRF readings were taken in or outside the apartment
Sampling Address: <u>325 E 12 St</u>	Apt.: <u>CAN</u>	Boro: <u>1</u>	
Name of Property Owner:	Health Area: <u>14-6200</u>		
Owner Address:	Boro:	LASU #: <u>L 2017-0376</u>	

Sample ID # Date (Month/Day/Year) - Employee ID - Sample ID (3 digits) e.g. 041804-1234-001	Room Name (Must match XRF room name)	Component	Sample Area (Length x Width in inches)	Comments Note special sample conditions, locations, and sample type. For example: Conditions: carpeted floor; bare soil Location: window on left on Wall Type: dust, soil, paint chip, water
052617-1700-001	First Floor Public Hallway From Entrance	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12 x 12	<input type="checkbox"/> No Window Linoleum
052617-1700-002	First Floor Public Hallway From Entrance	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12 x 7 1/4	<input type="checkbox"/> No Window Wood, Sampled from <del>left</del> window
052617-1700-003	Stairs between 1st and 2nd floors	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other: <u>Lead</u>	12 x 9 1/2	<input type="checkbox"/> No Window Marble, landings present
052617-1700-004	Stairs between 1st and 2nd floors	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12 x 7	<input type="checkbox"/> No Window Wood Sampled from <del>right</del> window
052617-1700-005	2nd Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12 x 12	<input type="checkbox"/> No Window Linoleum

Collected by PHS (Print): <u>Y. Li</u>		Batch #:	
PHS Signature: <u>[Signature]</u>	Badge #: <u>3417</u>	ID #: <u>1700</u>	Date Collected: <u>5/26/17</u>
Associate PHS I Signature: <u>[Signature]</u>	Reason for Transfer: <u>Lead Lab Analysis</u>		Date Transferred: <u>5/20/17</u>
Transferred to:	Reason for Transfer:		Date Transferred:
Transferred to:	Reason for Transfer:		Date Transferred:

**Note for Laboratory:** Unless specified otherwise, dust wipes and paint chip results should be sent to LPPP within 24 hours and soil and water results should be sent to LPPP within 48 hours.

[Signature] 5/31/17 10:58 AM

Page 1 of 3

**HEALTHY HOMES PROGRAM/LEAD POISONING PREVENTION**  
 125 Worth Street, 6th Floor, CN-58, New York, NY 10013, (646) 632-6002, Fax: (347) 396-8926 or (646) 632-6004

**Field Sampling and Chain of Custody Form for Environmental Sampling**

Child ID #:	<input type="checkbox"/> Case <input checked="" type="checkbox"/> Complaint	Job Number (XRF):		<input checked="" type="checkbox"/> Check here if no XRF readings were taken in or outside the apartment
Sampling Address: <u>325 E 12 St</u>	Apt.: <u>CMN</u>	Boro: <u>1</u>	Health Area: <u>18-6200</u>	
Name of Property Owner:	Owner Address:		Boro: _____ LASU #: <u>L2017-0376</u>	

Sample ID # Date (Month/Day/Year) - Employee ID - Sample ID (3 digits) e.g. 041804-1234-001	Room Name (Must match XRF room name)	Component	Sample Area (Length x Width in inches)	Comments Note special sample conditions, locations, and sample type. For example: Conditions: carpeted floor; bare soil Location: window on left on Wall 1; back yard Type: dust, soil, paint chip, water
052617-1700-006	2nd Floor Public Hallway From Stairs	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12 x 7 1/2	<input type="checkbox"/> No Window Wood Sampled from <del>Middle</del> window
052617-1700-007	Stairs From 2nd to 3rd Floors	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other: Tread	12 x 10	<input type="checkbox"/> No Window Marble, landings present
052617-1700-008	Stairs From 2nd to 3rd Floors	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12 x 9	<input type="checkbox"/> No Window Wood Sample from <del>Right</del> window
052617-1700-009	3rd Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12 x 12	<input type="checkbox"/> No Window Cement/Concrete
052617-1700-010	3rd Floor Public Hallway From Stairs	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12 x 4 1/2	<input type="checkbox"/> No Window Wood

MAY 31 AM 11:28  
RECEIVED

Collected by PHS (Print): <u>X. Li</u>		Batch #:	
PHS Signature:	Badge #: <u>3417</u>	ID #: <u>1700</u>	Date Collected: <u>5/26/17</u>
Associate PHS I Signature:	Reason for Transfer: <u>Lead Lab Analysis</u>		Date Transferred: <u>5/30/17</u>
Transferred to:	Reason for Transfer:		Date Transferred:
Transferred to:	Reason for Transfer:		Date Transferred:

**Note for Laboratory:** Unless specified otherwise, dust wipes and paint chip results should be sent to LPPP within 24 hours and soil and water results should be sent to LPPP within 48 hours.

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Child ID #:	<input type="checkbox"/> Case <input checked="" type="checkbox"/> Complaint	Job Number (XRF):	<input checked="" type="checkbox"/> Check here if no XRF readings were taken in or outside the apartment
Sampling Address: <u>325 E 12 St</u>	Apt.: <u>CMN</u>	Boro: <u>1</u>	
Name of Property Owner:	Health Area: <u>14-6200</u>		
Owner Address:	Boro:	LASU #: <u>L2017-0376</u>	

Sample ID # Date (Month/Day/Year) - Employee ID - Sample ID (3 digits) e.g. 041804-1234-001	Room Name (Must match XRF room name)	Component	Sample Area (Length x Width in inches)	Comments Note special sample conditions, locations, and sample type. For example: Conditions: carpeted floor; bare soil Location: window on left on Wall 1; back yard Type: dust, soil, paint chip, water
052617-1700-011	Stairs between 3rd to 4th Floor	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other: <u>Lead</u>	12x10	<input type="checkbox"/> No Window Marble, Landings present
052617-1700-012	Stairs between 3rd to 4th Floor	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	10x4 1/2	<input type="checkbox"/> No Window Wood Sampled <del>at</del> left window
052617-1700-013	Fourth Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12x12	<input type="checkbox"/> No Window Cement/Concrete
052617-1700-014	Fourth Floor Public Hallway From Stairs	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12x4 1/2	<input type="checkbox"/> No Window Wood Sampled <del>from</del> left window
052617-1700-015	Blank	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:		<input type="checkbox"/> No Window

Collected by PHS (Print): <u>Y. Li</u>	Batch #:	
PHS Signature:	Badge #: <u>3417</u>	ID #: <u>1700</u>
Associate PHS I Signature:	Reason for Transfer: <u>Lead Lab Analysis</u>	Date Collected: <u>5/26/17</u>
Transferred to:	Reason for Transfer:	Date Transferred: <u>5/30/17</u>
Transferred to:	Reason for Transfer:	Date Transferred:

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*for 5/30/17*

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17 MAY 31 AM 11:29  
RECEIVED  
L-3

1251

Date: 5/26/17	Start Time: 13:25	End Time: 14:15	New York City Department of Health and Mental Hygiene Healthy Homes Program/Lead Poisoning Prevention 125 Worth Street, 6 <sup>th</sup> Floor CN 58, New York, NY 10013 (646) 632-6002	Child ID Number	
Activity Type: <input type="checkbox"/> Case <input type="checkbox"/> Primary Prevention <input type="checkbox"/> 10-14 (Low Act)				LASU Order Number: C2017-0175	
<input type="checkbox"/> Work Practice Complaint <input type="checkbox"/> Peeling Paint Complaint			INSPECTION REPORT		Docket Number: L2017-0376

ADDRESS INFORMATION		Child: (Last) (First)	Address Type: CMPLT	Building Type: <input type="checkbox"/> 1-2 Family <input checked="" type="checkbox"/> Multi Dwelling <input type="checkbox"/> Other	Home Phone	Cell Phone	Work Phone
Address: <input type="checkbox"/> New	325 E 12 Street			Apt: CMN 1-6	Floor: 1	Borough: 1	Zip Code: 10003 HD: 14 6200

OWNER INFORMATION		Name: (Last) (First)	Home Phone ( )	Cell Phone ( )
Silverstone Properties Group		Work Phone: (646) 786-8000		
Address: 825 3 Avenue		Apt: 36 FL	City: New York	State: NY Zip Code: 10022

CONTRACTOR INFORMATION		Company Name	Project Contact	Phone ( )	Fax ( )
Address		Apt	City	State	Zip Code EPA Certificate Number

CASE EVENTS		ENVIRONMENTAL EVENTS		SAFETY EVENTS	
Event Code	Result Code	Event Code	Result Code	Event Code: ST	Result Code: VCOD
Early Intervention <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Window Guard <input type="checkbox"/> Violation <input type="checkbox"/> No Violation	Sibling Information Child ID _____ Child ID _____ Child ID _____ Child ID _____			
Healthy Homes Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No		Safe House: <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted <input type="checkbox"/> Family Currently in Safe House			

SAMPLE INFORMATION		Job #	Paint: # of XRF	Paint: # of Positive	Dust Wipes: # of Samples: 15	Dust Wipes: # of Positive: 5
Other Samples - Type and Quantity (describe): concern for lead. Five samples were tested above EPA level of						

HEALTH CODE VIOLATIONS						
General Provisions	Administrative Requirements	Work Methods	Occupant Protection			
			Orders or >100ft <sup>2</sup> or Removing Windows		2 - 100ft <sup>2</sup>	
<input type="checkbox"/> 3.05 <input type="checkbox"/> 3.07 <input type="checkbox"/> 3.09 <input type="checkbox"/> 3.15 <input type="checkbox"/> 173.13(a)(1)	<input type="checkbox"/> 173.14 (c)(1)(A) <input type="checkbox"/> 173.14 (c)(1)(B) <input type="checkbox"/> 173.14 (c)(2)(A) <input type="checkbox"/> 173.14 (c)(2)(B)(i)(aa) <input type="checkbox"/> 173.14 (c)(2)(B)(i)(bb) <input type="checkbox"/> 173.14 (c)(2)(B)(i)(cc) <input type="checkbox"/> 173.14 (c)(2)(B)(ii)(aa) <input type="checkbox"/> 173.14 (c)(2)(B)(ii)(bb) <input type="checkbox"/> 173.14 (c)(2)(B)(iii) <input type="checkbox"/> 173.14 (c)(3)(A)	<input type="checkbox"/> 173.14(d)(1)(A) <input type="checkbox"/> 173.14(d)(1)(B) <input type="checkbox"/> 173.14(d)(2)(A) <input type="checkbox"/> 173.14(d)(2)(B) <input type="checkbox"/> 173.14(d)(2)(C) <input type="checkbox"/> 173.14(d)(2)(D) <input type="checkbox"/> 173.14(d)(2)(E)	<input type="checkbox"/> 173.14(d)(2)(F) <input type="checkbox"/> 173.14(d)(3)(A) <input type="checkbox"/> 173.14(d)(3)(B) <input type="checkbox"/> 173.14(d)(3)(C) <input type="checkbox"/> 173.14(d)(3)(D) <input type="checkbox"/> 173.14(d)(3)(E) <input type="checkbox"/> 173.14(d)(4)	<input type="checkbox"/> 173.14(e)(1)(A)(i) <input type="checkbox"/> 173.14(e)(1)(A)(ii) <input type="checkbox"/> 173.14(e)(1)(B) <input type="checkbox"/> 173.14(e)(1)(C) <input type="checkbox"/> 173.14(e)(1)(D) <input type="checkbox"/> 173.14(e)(1)(E) <input type="checkbox"/> 173.14(e)(1)(F) <input type="checkbox"/> 173.14(e)(1)(G) <input type="checkbox"/> 173.14(e)(1)(H) <input type="checkbox"/> 173.14(e)(1)(I) <input type="checkbox"/> 173.14(e)(1)(I)(i)(aa) <input type="checkbox"/> 173.14(e)(1)(I)(i)(bb)	<input type="checkbox"/> 173.14(e)(1)(I)(i)(cc) <input type="checkbox"/> 173.14(e)(1)(I)(i)(dd) <input type="checkbox"/> 173.14(e)(1)(I)(ii) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(aa) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(bb) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(cc) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(dd) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(ee) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(ff) <input type="checkbox"/> 173.14(e)(1)(I)(iii) <input type="checkbox"/> 173.14(e)(1)(I)(iv) <input type="checkbox"/> 173.14(e)(1)(I)(j)	<input type="checkbox"/> 173.14(e)(2)(A) <input type="checkbox"/> 173.14(e)(2)(B) <input type="checkbox"/> 173.14(e)(2)(C) <input type="checkbox"/> 173.14(e)(2)(D) <input type="checkbox"/> 173.14(e)(2)(F) <input type="checkbox"/> 173.14(e)(2)(G) <input type="checkbox"/> 173.14(e)(2)(H)  <b>Apt Turnover</b> <input type="checkbox"/> 173.14(e)(3)(A) <input type="checkbox"/> 173.14(e)(3)(B) <input type="checkbox"/> 173.14(e)(3)(C)

Healthy Homes Hazard:	311 Complaint Number:
-----------------------	-----------------------

PHS (Signature)	Badge #	Employee ID #	Date:
Copy Received By (Signature)	Relationship to Child:	Date:	
Supervisor (Print): M. J. ...	Supervisor (Signature)	Badge #: 3342	Employee ID #: 1787 Date: 6/6/17

URGENT! A field representative of the Department of Health and Mental Hygiene's Healthy Homes Program/Lead Poisoning Prevention was here today for an important visit. Please call us immediately at (646) 632-6002.

¡URGENTE! Un representante del Departamento de Salud y Salud Mental, Programa de Hogares Saludables/Prevención de Envenenamiento por Plomo, estuvo aquí hoy para una visita importante. Por favor llámenos inmediatamente al teléfono (646) 632-6002.

15 1072

Date: 5/26/17	Start Time: 13:25	End Time: 14:15	New York City Department of Health and Mental Hygiene Healthy Homes Program/Lead Poisoning Prevention 125 Worth Street, 6 <sup>th</sup> Floor CN 58, New York, NY 10013 (646) 632-6002	Child ID Number
Activity Type: <input type="checkbox"/> Case <input type="checkbox"/> Work Practice Complaint <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Peeling Paint Complaint <input type="checkbox"/> 10-14 (Low Act)			INSPECTION REPORT	LASU Order Number <b>C</b>
				Order Number  Docket Number  LASU Number <b>L 2617-0376</b>

ADDRESS INFORMATION	
Child: (Last) (First)  Address: <input type="checkbox"/> New 225 E 12 St	Address Type: <b>CMPLT</b> Building Type: <input type="checkbox"/> 1-2 Family <input checked="" type="checkbox"/> Multi Dwelling <input type="checkbox"/> Other Home Phone Cell Phone Work Phone Apt: <b>CMN</b> Floor: <b>1-6</b> Borough: <b>1</b> Zip Code: <b>10003</b> HD: <b>18</b> 6200

OWNER INFORMATION	
Name: (Last) (First) <b>Silverstone Properties Group</b> Address: <b>825 3 Ave</b>	Home Phone ( ) Cell Phone ( ) Work Phone: <b>(646) 786-9000</b> Apt: <b>36FL</b> City: <b>New York</b> State: <b>NY</b> Zip Code: <b>10022</b>

CONTRACTOR INFORMATION			
Company Name	Project Contact	Phone ( )	Fax ( )
Address	Apt	City	State
			Zip Code
			EPA Certificate Number

CASE EVENTS		ENVIRONMENTAL EVENTS		SAFETY EVENTS	
Event Code	Result Code	Event Code	Result Code	Event Code	Result Code
Early Intervention <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Window Guard <input type="checkbox"/> Violation <input checked="" type="checkbox"/> No Violation	Sibling Information Child ID _____ Child ID _____		<b>SI</b>	<b>HFO</b>
Healthy Homes Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No		Safe House: <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted <input type="checkbox"/> Family Currently in Safe House			

SAMPLE INFORMATION				
Job #	Paint: # of XRF	Paint: # of Positive	Dust Wipes: # of Samples	Dust Wipes: # of Positive
			<b>15</b>	<b>Pending</b>
Other Samples - Type and Quantity (describe)				

HEALTH CODE VIOLATIONS					
General Provisions	Administrative Requirements	Work Methods	Occupant Protection		
			Orders or >100ft <sup>2</sup> or Removing Windows	2 - 100ft <sup>2</sup>	
<input type="checkbox"/> 3.05	<input type="checkbox"/> 173.14 (e)(1)(A)	<input type="checkbox"/> 173.14(d)(1)(A)	<input type="checkbox"/> 173.14(e)(1)(A)(i)	<input type="checkbox"/> 173.14(e)(1)(I)(i)(cc)	<input type="checkbox"/> 173.14(e)(2)(A)
<input type="checkbox"/> 3.07	<input type="checkbox"/> 173.14 (e)(1)(B)	<input type="checkbox"/> 173.14(d)(1)(B)	<input type="checkbox"/> 173.14(e)(1)(A)(ii)	<input type="checkbox"/> 173.14(e)(1)(I)(i)(dd)	<input type="checkbox"/> 173.14(e)(2)(B)
<input type="checkbox"/> 3.09	<input type="checkbox"/> 173.14 (e)(2)(A)	<input type="checkbox"/> 173.14(d)(2)(A)	<input type="checkbox"/> 173.14(e)(1)(B)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)	<input type="checkbox"/> 173.14(e)(2)(C)
<input type="checkbox"/> 3.15	<input type="checkbox"/> 173.14 (c)(2)(B)(i)(aa)	<input type="checkbox"/> 173.14(d)(2)(B)	<input type="checkbox"/> 173.14(e)(1)(C)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(aa)	<input type="checkbox"/> 173.14(e)(2)(D)
<input type="checkbox"/> 173.13(a)(1)	<input type="checkbox"/> 173.14 (c)(2)(B)(i)(bb)	<input type="checkbox"/> 173.14(d)(2)(C)	<input type="checkbox"/> 173.14(e)(1)(D)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(bb)	<input type="checkbox"/> 173.14(e)(2)(F)
	<input type="checkbox"/> 173.14(c)(2)(B)(i)(cc)	<input type="checkbox"/> 173.14(d)(2)(D)	<input type="checkbox"/> 173.14(e)(1)(E)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(cc)	<input type="checkbox"/> 173.14(e)(2)(G)
	<input type="checkbox"/> 173.14(c)(2)(B)(i)(aa)	<input type="checkbox"/> 173.14(d)(2)(E)	<input type="checkbox"/> 173.14(e)(1)(F)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(dd)	<input type="checkbox"/> 173.14(e)(2)(H)
	<input type="checkbox"/> 173.14(c)(2)(B)(ii)(bb)		<input type="checkbox"/> 173.14(e)(1)(G)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(ee)	
	<input type="checkbox"/> 173.14(c)(2)(B)(iii)		<input type="checkbox"/> 173.14(e)(1)(H)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(ff)	
	<input type="checkbox"/> 173.14(c)(3)(A)		<input type="checkbox"/> 173.14(e)(1)(I)(i)	<input type="checkbox"/> 173.14(e)(1)(I)(iii)	Apt Turnover
			<input type="checkbox"/> 173.14(e)(1)(I)(i)(aa)	<input type="checkbox"/> 173.14(e)(1)(I)(iv)	<input type="checkbox"/> 173.14(e)(3)(A)
			<input type="checkbox"/> 173.14(e)(1)(I)(i)(bb)	<input type="checkbox"/> 173.14(e)(1)(I)(j)	<input type="checkbox"/> 173.14(e)(3)(B)
					<input type="checkbox"/> 173.14(e)(3)(C)

Healthy Homes Hazard:	311 Complaint Number:	PHS (Print) <b>Y. Li</b>	PHS (Signature) 	Badge # <b>3417</b>	Employee ID # <b>1700</b>	Date: <b>5/26/17</b>
Copy Received By (Print) <b>To be mailed</b>		Copy Received By (Signature) 		Relationship to Child:		Date: <b>5/26/17</b>
Supervisor (Print) <b>M. Jeanalabdeen</b>		Supervisor (Signature) 		Badge # <b>3342</b>	Employee ID # <b>1787</b>	Date: <b>5/31/17</b>

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NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Healthy Homes Program/Lead Poisoning Prevention  
 125 Worth Street, 6<sup>th</sup> Floor CN 58, New York, NY 10013  
 Tel. (646) 632-6002, Fax. (347) 396-8926 or (646) 632-6004

Page: 2 of 2

Inspection Report Notes    Progress Report    Activity Report Notes

Address <u>325 E 12 St</u>			Child ID Number	
Apt. # <u>CMN</u>	Borough <u>1</u>	Zip <u>10003</u>	LASU Number <u>L2017-0376</u>	Order Number

Assessment/Observations/Comments

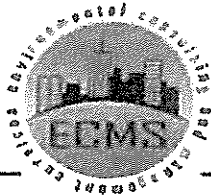
Responded to work practice complaint inspection. Access provided by workers traversing through entrance. A visual walk-through inspection was conducted from floor 1 through 6 in the common areas with construction dust and debris observed on floors 1 through 4. Minimal containment observed inadequate with no containment on floor and 1 partic covering on doors to vacant apartments with some doors open with observed draft and potential air-borne construction dust. Fifteen dust samples including a blank was collected. Michael of Silverstone Properties Group, LLC arrived, ordered and completed cleanup prior to end of inspection. He was also informed about the result of the inspection. Lead dust hazard sign posted on wall in 1st floor hallway.

Staff (Signature) 	Badge # <u>2417</u>	I.D. # <u>1700</u>	Date <u>5/26/17</u>	Copy received by <u>To be mailed</u>
Supervisor (Signature) 	Badge # <u>3342</u>	I.D. # <u>1787</u>	Date <u>5/31/17</u>	

INSPECTION REPORT: *White* (RSU); *Canary* (Data Entry & FSU); *Pink* (Public)  
 PROGRESS REPORT: *White* (RSU or FSU)



217100024



Environmental Consulting  
and Management Services  
10 Filmont Drive  
New City, NY 10956

Tel: 845-638-0640  
Cell: 914-523-1523  
info@ecmsny.com

Environmental Chain of Custody

Client: Silverstone Property Group Site: 325 E. 12<sup>th</sup> ST, NYC  
Analysis Time: 24 hrs Date: 10/10/17

Gen. Notes: Always SFP/Type/Area & NOB/TEM = PLMN0B; then TEM if NEG. PLM

Sample #	Sample Type	Location	Analysis	Volume/Notes
A	Wipe	QA/QC Blank	FAAS	N/A
1		7/6 Win. Sill		7x33
2		↓ TREAD		10x39
3		↓ Landing		12x12
4		6 <sup>th</sup> Fl Hall Floor		12x12
5		6/5 Win Sill		7x33
6		↓ TREAD		10x39
7		↓ Landing		12x12
8		5 <sup>th</sup> Fl Hall Floor		12x12
9		5/4 Win Sill		7x33
10		↓ TREAD		10x39
11		↓ Landing		12x12
12		4 <sup>th</sup> Fl Hall Floor		12x12
13		4/3 Win Sill		7x33
14		↓ TREAD		10x39
15		↓ Landing		12x12
16		3 <sup>rd</sup> Fl Hall Floor		12x12
17		3/2 Win Sill		33x9
18		↓ TREAD		10x39
19		↓ Landing		12x12
20		2 <sup>nd</sup> Fl Hall Floor		12x12
21		2/1 Win Sill		33x9

Sampled By: [Signature] Released By: [Signature]  
 Received By: Gabriela Soriano Received By: 10/10/17 2:34pm







**AIHA**  
Laboratory Accreditation  
Programs, LLC

## AIHA Laboratory Accreditation Programs, LLC

*acknowledges that*

### **Metro Analytical Laboratories**

255 West 36th Street, Suite 101, New York, NY 10018

Laboratory ID: 220677

along with all premises from which key activities are performed, as listed above, has fulfilled the requirements of the AIHA Laboratory Accreditation Programs (AIHA-LAP), LLC accreditation to the ISO/IEC 17025:2005 international standard, *General Requirements for the Competence of Testing and Calibration Laboratories* in the following:

#### **LABORATORY ACCREDITATION PROGRAMS**

- INDUSTRIAL HYGIENE
- ENVIRONMENTAL LEAD
- ENVIRONMENTAL MICROBIOLOGY
- FOOD
- UNIQUE SCOPES

Accreditation Expires:  
Accreditation Expires: February 01, 2019  
Accreditation Expires:  
Accreditation Expires:  
Accreditation Expires:

Specific Field(s) of Testing (FoT)/Method(s) within each Accreditation Program for which the above named laboratory maintains accreditation is outlined on the attached **Scope of Accreditation**. Continued accreditation is contingent upon successful on-going compliance with ISO/IEC 17025:2005 and AIHA-LAP, LLC requirements. This certificate is not valid without the attached **Scope of Accreditation**. Please review the AIHA-LAP, LLC website ([www.aihaaccreditedlabs.org](http://www.aihaaccreditedlabs.org)) for the most current Scope.

*William Walsh, CIH*  
Chairperson, Analytical Accreditation Board

*Cheryl O. Morton*  
Managing Director, AIHA Laboratory Accreditation Programs, LLC

Revision 15: 03/30/2016

Date Issued: 01/31/2017



Laboratory Accreditation  
Programs, LLC

## AIHA Laboratory Accreditation Programs, LLC SCOPE OF ACCREDITATION

### Metro Analytical Laboratories

255 West 36th Street, Suite 101, New York , NY 10018

Laboratory ID: **220677**

Issue Date: 01/31/2017

The laboratory is approved for those specific field(s) of testing/methods listed in the table below. Clients are urged to verify the laboratory's current accreditation status for the particular field(s) of testing/Methods, since these can change due to proficiency status, suspension and/or withdrawal of accreditation.

The EPA recognizes the AIHA-LAP, LLC ELLAP program as meeting the requirements of the National Lead Laboratory Accreditation Program (NLLAP) established under Title X of the Residential Lead-Based Paint Hazard Reduction Act of 1992 and includes paint, soil and dust wipe analysis. Air and composited wipes analyses are not included as part of the NLLAP.

### Environmental Lead Laboratory Accreditation Program (ELLAP)

Initial Accreditation Date: 02/01/2017

Field of Testing (FoT)	Technology sub-type/ Detector	Method	Method Description <i>(for internal methods only)</i>
Settled Dust by Wipe		EPA SW-846 3050B	
		EPA SW-846 7000B	

A complete listing of currently accredited Environmental Lead laboratories is available on the AIHA-LAP, LLC website at: <http://www.aihaaccreditedlabs.org>

NEW YORK STATE DEPARTMENT OF HEALTH  
WADSWORTH CENTER



Expires 12:01:AM April 01, 2017  
Issued April 01, 2016

**CERTIFICATE OF APPROVAL FOR LABORATORY SERVICE**

*Issued in accordance with and pursuant to section 502 Public Health Law of New York State*

MR. ZLATAN DIMITRIJEVIC  
METRO ANALYTICAL LABORATORIES, LLC.  
255 WEST 36TH STREET SUITE 101  
NEW YORK, NY 10018-0022

NY Lab Id No: 12003

*is hereby APPROVED as an Environmental Laboratory for the category  
ENVIRONMENTAL ANALYSES SOLID AND HAZARDOUS WASTE  
All approved subcategories and/or analytes are listed below:*

**Miscellaneous**

Asbestos in Friable Material	Item 198.1 of Manual EPA 600/M4/82/020
Asbestos in Non-Friable Material-PLM	Item 198.6 of Manual (NOB by PLM)
Asbestos in Non-Friable Material-TEM	Item 198.4 of Manual
Lead in Dust Wipes	EPA 7000B
Lead in Paint	EPA 7000B

**Sample Preparation Methods**

EPA 3050B

**Serial No.: 54589**

Property of the New York State Department of Health. Certificates are valid only at the address shown, must be conspicuously posted, and are printed on secure paper. Continued accreditation depends on successful ongoing participation in the Program. Consumers are urged to call (518) 485-5570 to verify the laboratory's accreditation status.

NEW YORK STATE DEPARTMENT OF HEALTH  
WADSWORTH CENTER



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**NEW YORK, NY 10018-0022**

**NY Lab Id No: 12003**

*is hereby APPROVED as an Environmental Laboratory for the category*  
**ENVIRONMENTAL ANALYSES AIR AND EMISSIONS**  
*All approved subcategories and/or analytes are listed below:*

**Metals I**

Lead, Total NIOSH 7082

**Miscellaneous**

Asbestos 40 CFR 763 APX A No. III

Fibers NIOSH 7400 A RULES

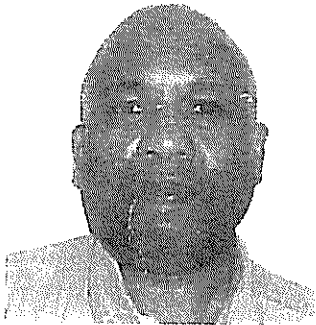
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# United States Environmental Protection Agency

This is to certify that

Rodney James Peterson



has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226 as:

Inspector

In the Jurisdiction of:

New York

This certification is valid from the date of issuance and expires October 25, 2018

NY-I-3471-6

Certification #

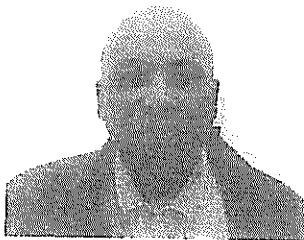
November 27, 2015

Issued On

A handwritten signature in black ink, appearing to read "John Gorman".

John Gorman, Chief

Pesticides & Toxic Substances Branch



Rodney James Peterson

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226 as:

Risk Assessor

*In the Jurisdiction of*

All EPA Administered Lead-based Paint Activities Program States, Tribes and Territories

This certification is valid from the date of issuance and expires December 07, 2019

LBP-R-3471-1

Certification #

October 14, 2016

Issued On

A handwritten signature in black ink, appearing to read "John Gorman".

John Gorman, Chief

Pesticides & Toxic Substances Branch



# United States Environmental Protection Agency

This is to certify that

Environmental Consulting & Management Services, Inc.

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226

In the Jurisdiction of:

All EPA Administered Lead-based Paint Activities Program States, Tribes and Territories

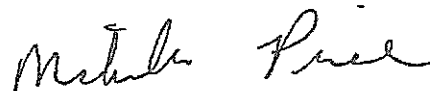
This certification is valid from the date of issuance and expires May 16, 2020

LBP-80685-1

Certification #

March 15, 2017

Issued On



Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch

# United States Environmental Protection Agency

This is to certify that

Rodney James Peterson



has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226 as:

Supervisor

In the Jurisdiction of:

New York

This certification is valid from the date of issuance and expires October 25, 2018

NY-S-3471-6

Certification #

September 01, 2015

Issued On

A handwritten signature in black ink, appearing to read "John Gorman".

John Gorman, Chief

Pesticides & Toxic Substances Branch

# United States Environmental Protection Agency

This is to certify that

Environmental Consulting & Management Services, Inc.

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226

In the Jurisdiction of:

All EPA Administered Lead-based Paint Activities Program States, Tribes and Territories

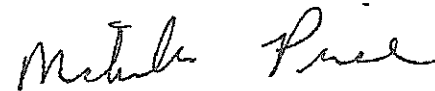
This certification is valid from the date of issuance and expires May 16, 2020

LBP-80685-1

Certification #

March 15, 2017

Issued On



Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch