



ANALYTICAL REPORT

Client's Name:

NYC Department of Health and Mental Hygiene

Project Address: 325 East 12th Street

Child Id: N/A

LASU #: L2021-0880

Lab ID: LW1021054

Date of Report: 10/02/2021

Atlas Environmental Lab, Corp.

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ANALYSIS OF REPORT FOR LEAD IN DUST WIPES

Client: Healthy Homes Program
Collected by: Client
Technician: GB
Child ID: N/A
LASU #: L2021-0880
Address: 325 East 12th Street
Apt/Boro: CMN / 1

Lab ID: LW1021054
Date Sampled: 9/29/2021
Date Received: 10/1/2021
Date Analyzed: 10/2/2021
Report Date: 10/2/2021

Client ID #	Lab ID #	Location/Description	Area Sampled (Inches)	Lead (µg/ft²)
092921-2300-001	LW1021054-1	Stairs from 2nd FL Public Hallway to 3rd FL Public Hallway - Floor - 1/2 Landing Painted Concrete	12x12	8
092921-2300-002	LW1021054-2	Stairs from 2nd FL Public Hallway to 3rd FL Public Hallway - Window Sill - Wood	33x7	5
092921-2300-003	LW1021054-3	Blank	N/A	<5 (µg/Wipe)

TC

Analysis Method: EPA 7000B
 RL (Reporting limit): 5.0 µg/ft² (based upon 1.0 square foot samples)
 NYS - ELAP#11999, AIHA-LAP, LLC ID: 208306, CT Reg. # PH-0154

Exysis Method: EPA 7000
 Prep Method: EPA 3050B

Analyst: RI

Approved by: 

USEPA requirement to meet ASTM E1792 Specification for ghost wipes; Collection procedure, protocols and sample locations are based on information provided by the client submitting the samples; and as such, Atlas Environmental Labs disclaims any knowledge of and liability for the accuracy and completeness of this information. The results related only to the items tested. Lead results are not corrected for blank.

W1071054

HEALTHY HOMES PROGRAM

125 Worth Street 6th Floor, CN # 58, New York, NY 10013, (646) 632-6002, Fax (347) 396-8926

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: 325 EAST 12 TH Street	Apt.: CMN	Boro: #1	
Name of Property Owner: SEL VERSTONE PROPERTY GROUP LLC	Health Area: 146200		
Owner Address: 520 MADISON AVE SUITE 3501	Boro: 1	LASU #: 2021-0880	

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
092921 - 2300 - 001	STAIRS FROM 2nd FL Public HALLWAY TO 3rd FL Public HALLWAY.	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12x12	<input type="checkbox"/> No Window <input type="checkbox"/> No 1/2 Landing 1/2 LANDING PAINTED CONCRETE
092921 - 2300 - 002	STAIRS FROM 2nd FL Public HALLWAY TO 3rd FL Public HALLWAY	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	33x7	<input type="checkbox"/> No Window <input type="checkbox"/> No 1/2 Landing WOOD
092921 - 2300 - 003	BLANK	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:		<input type="checkbox"/> No Window <input type="checkbox"/> No 1/2 Landing
-		<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:		<input type="checkbox"/> No Window <input type="checkbox"/> No 1/2 Landing
-		<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:		<input type="checkbox"/> No Window <input type="checkbox"/> No 1/2 Landing

Collected by PHS (Print): G. BONDI	Batch #:
PHS Signature: Giuseppe Bondi	Badge #: 3465
Associate PHS I Signature:	ID #: 2300
Transferred to: Melaine Feng	Date Collected: 09/29/21
Reason for Transfer:	Date Transferred:
Reason for Transfer:	Date Transferred: 10/1/21
Reason for Transfer:	Date Transferred:

Note for Laboratory: Unless specified otherwise, dust wipes and paint chip results should be sent to HHP within 24 hours and soil and water results should be sent to HHP within 48 hours.
Dust sample Reporting Limit (RL): 5.0 µg/ft²

RI 10/2/21