



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: 1646243**
2. Premise No. 875 Street Name Park Ave Borough Manhattan Zip 10075
3. AKA _____ Type of Facility Residence BIN 1043221 Block 01412 Lot 0071
4. Building Owner Brown Harris Mngt Address 770 Lexington Ave
5. City NY State NY Zip 10065 Contact Person Michael Donuk
6. Tel. # (212) 508-7300 Fax # _____ Email _____
7. Work Type PL Plumbing, MH Mech/ HVAC, General Construction

Description of the Entire Scope of Work

Minor interior partition demo & construction inconjunction with apt.7C renovation, modify existing laundry area & kitchen layout, modify existing & create new exterior opening, install new lighting, plumbing modification & mechanical work to be filed under DOB now.

8. I, VICTOR KHANIN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

10/08/2019 2:00PM-3:00PM 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
Building Floors-7 to 7	Apt.7C (no window work)	wall plaster(5)	5	No	No				

I hereby declare the information provided herein is true and complete

VICTOR KHANIN 12/15/2019 118661 8/3/2020
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 407-9540 Fax # _____

Email 123ore1@gmail.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



12/15/2019 12:23:55 PM





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Building Floors-7 to 7	Apt.7C (no window work)	ceiling sheetrock(3)	3	No	No				
Basement	laundry (study) room	wall plaster(3)	3	No	No				
Basement	laundry (study) room	ceiling plaster(3)	3	No	No				
Basement	laundry (study) room	floor tiles (2)	2	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab	11938	10/8/2019

11. NYS DOL Asbestos Handling license # 43312 Company Name VAK Environmental Inc.

12. Comment

no window work

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VICTOR KHANIN 12/15/2019 118661 8/3/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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