



DEPT. BLDGS. 123750084 Job Number
SC181108024 Scan Code NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1617385**
2. Premise No. 146 Street Name Waverly Place Borough Manhattan Zip 10014
3. AKA _____ Type of Facility Residence BIN 1010245 Block 00592 Lot 0060
4. Building Owner Waverly Place Management, LLC Address 228 Park Avenue South, #53039
5. City NY State NY Zip 10003 Contact Person Robert J. Smith
6. Tel. # (475) 891-4141 Fax # _____ Email _____
7. Work Type _____

Description of the Entire Scope of Work

Interior renovation of existing single family dwelling.

8. I, VOLODYMYR VITKOVSKYY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
- 08/01/2019 2:00PM-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
Cellar	entire	wall sheet-rock	3	No	No				
Cellar	entire	ceiling sheet-rock	3	No	No				

I hereby declare the information provided herein is true and complete

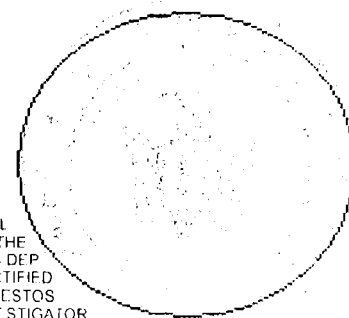
VOLODYMYR VITKOVSKYY 8/7/2019 125835 11/18/2020
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (347) 355-3149 Fax # _____

Email vtkvo1@naraod.ru

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

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



25832071



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Basement	entire	wall sheet-rock	3	No	No				
Basement	entire	ceiling sheet-rock	3	No	No				
Building Floors-001 to 004	entire	wall sheet-rock	8	No	No				
Building Floors-001 to 004	entire	ceiling sheet-rock	4	No	No				
Building Floors-001 to 004	entire	wall mortar (4th floor)	3	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab	11938	8/6/2019

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

12. Comment

I hereby declare the information provided herein is true and complete

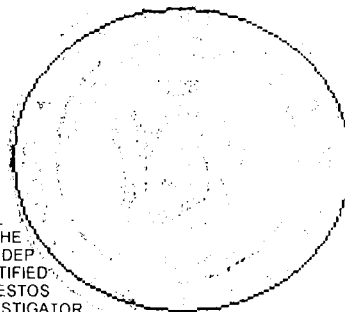
VOLODYMYR VITKOVSKYY 8/7/2019 125835 11/18/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 355-3149 Fax # _____

Email vitkvol@narod.ru

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