



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11375

ASBESTOS ASSESSMENT REPORT

DEPT BLDGS

123775824

Job Number

SC181108005

Scan Code

PROGRAM

FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 1601473**
2. Premise No. 809 Street Name 1st Avenue Borough Manhattan Zip 10017
3. AKA _____ Type of Facility Residence BIN 1038775 Block 01338 Lot 7503
4. Building Owner 809 First Avenue Assoc. Address 809 United Nation Plaza
5. City NY State NY Zip 10017 Contact Person Edward W. Nugent
6. Tel. # (212) 984-5852 Fax # _____ Email _____
7. Work Type SP Sprinkler

Description of the Entire Scope of Work

Installation of new sprinkler system.

8. I, VOLODYMYR VITKOVSKYY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
- 06/14/2019 12:30PM-1:30AM 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:

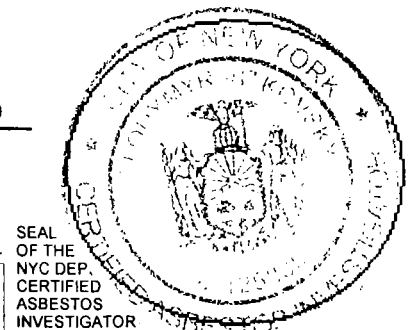
Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-003 to 004	entire	wall sheet-rock	7	No	No				

I hereby declare the information provided herein is true and complete

VOLODYMYR VITKOVSKYY 6/25/2019 125835 11/18/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 355-3149 Fax # _____Email vitkvol@narod.ru

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

25615/03



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Building Floors-003 to 004	entire	wall mortar (only A/C rooms)	3	No	No				
Building Floors-003 to 004	entire	ceiling sheet-rock	5	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab	11938	6/18/2019

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

12. Comment

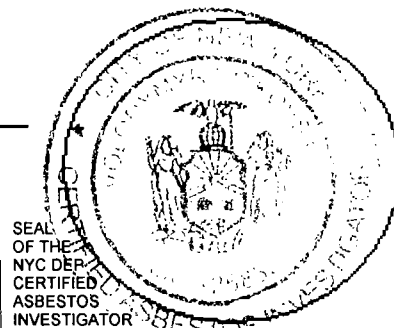
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