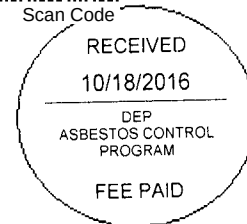




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Control Number: 1268057

1. NYC DOB Job # (if applicable) _____
2. Premise No. 204 Street Name Spring Street Borough Manhattan Zip 10012
3. AKA _____ Type of Facility Commercial BIN 1007373 Block 00490 Lot 0024
4. Building Owner 204 Spring St Realty Corp. Address PO Box 740362
5. City The Bronx State NY Zip 10474 Contact Person Edward Tempesta
6. Tel. # (718) 542-7700 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Local Law 11 Facade Alt 2 repair application for the repair of front and rear facades. Repairs/replacement of brick masonry, stone and terra cotta.

8. I, VOLODYMYR VITKOVSKYY, have conducted an asbestos investigation on _____ in accordance
Name of Certified Asbestos Investigator
10/05/2016 12:00PM-1:00PM 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. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).
☐ 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.
Specify locations (attach additional documents as necessary): _____

- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
cel, 001 to 006, rof	front and rear facade	Facade mortar (5), facade plaster (3).	8	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab	11235	10/6/2016

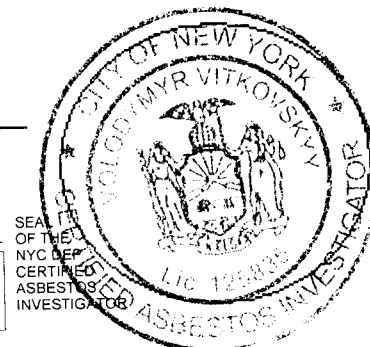
I hereby declare the information provided herein is true and complete

VOLODYMYR VITKOVSKYY 10/18/2016 125835 11/18/2016
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.

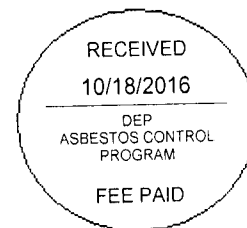


Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No





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



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

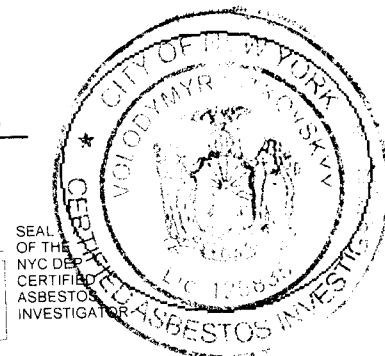
I hereby declare the information provided herein is true and complete

<u>VOLODYMYR VITKOVSKYY</u> <i>Paul</i>	<u>10/18/2016</u>	<u>125835</u>	<u>11/18/2016</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

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

Email vitkvol@narod.ru

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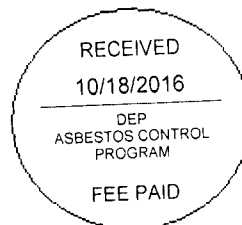
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



25262204



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



Control Number: 1268057

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Date(s)

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9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab	11235	10/6/2016

I hereby declare the information provided herein is true and complete

VOLODYMYR VITKOVSKYY Paul 10/18/2016 125835 11/18/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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

Email vitkvol@narod.ru

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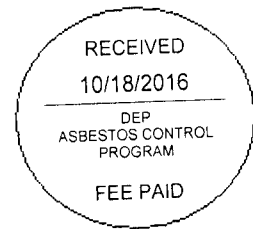
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



25282204



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



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

I hereby declare the information provided herein is true and complete

VOLODYMYR VITKOVSKYY *Paul* 10/18/2016 125835 11/18/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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

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25282204

