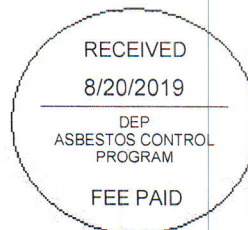




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1619294**
 2. Premise No. 331 Street Name East 33rd Street Borough Manhattan Zip 10016
 3. AKA _____ Type of Facility Residence BIN 1021879 Block 00939 Lot 0020
 4. Building Owner 331 East 33rd LLC Address 200 Madison Ave., 24th floor
 5. City NY State NY Zip 10016 Contact Person Benjamin Rinzler
 6. Tel. # (212) 685-6500 Fax # _____ Email _____
 7. Work Type _____

Description of the Entire Scope of Work

Combining apt. 2B and apt 2C on 2nd floor into one apt 2BC, partition work per plan.

8. I, VOLODYMYR VITKOVSKYY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

05/20/2019 11:30AM-12:30PM, 08/19/2019 10:00AM-11:00AM

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-002	apt #2C	wall sheet-rock	3	No	No				

I hereby declare the information provided herein is true and complete

VOLODYMYR VITKOVSKYY 8/20/2019

DEP Certified Asbestos Investigator's Signature

Date

125835

Certificate Number

11/18/2020

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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



25634177

8/20/2019 10:50:23 AM

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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT

RECEIVED

8/20/2019

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

Building Floors-002	apt #2C	wall mortar	3	No	No				
Building Floors-002	apt #2C	ceiling sheet-rock	3	No	No				
Building Floors-002	apt #2C	linoleum	2	No	No				
Building Floors-002	apt #2C	window caulking	2	No	No				
Building Floors-002	apt #2B	wall sheet-rock	3	No	No				
Building Floors-002	apt #2B	wall mortar	3	No	No				
Building Floors-002	apt #2B	ceiling sheet-rock	3	No	No				

10. ANALYTICAL LABORATORY:

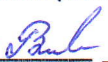
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab	11938	5/22/2019
Asbestos Analytical Lab	11938	8/20/2019

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 
DEP Certified Asbestos Investigator's Signature8/20/2019
Date125835
Certificate Number11/18/2020
Expiration Date

Tel. # (347) 355-3149

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