



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: 1620263**

2. Premise No. 392 Street Name Central Park West Borough Manhattan Zip 10025

3. AKA _____ Type of Facility Residence BIN 1055287 Block 01833 Lot 7503

4. Building Owner PWV Acquisition LLC Address 792 Columbus Avenue, Suite 1E

5. City NEW YORK State NY Zip 10025 Contact Person Jeffrey Davis

6. Tel. # (212) 865-8080 Fax # _____ Email jdavis@columbussq.com

7. Work Type General Construction

Description of the Entire Scope of Work

Interior renovations of Apt.14N including non-bearing partitions, fixtures and finishes as per plan

8. I, MAREK KRUK, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator

08/20/2019 9:15AM-10:00AM _____ 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: 849 sq. ft 50 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-14	Apt.14N	plaster	5	No	No				

I hereby declare the information provided herein is true and complete

MAREK KRUK 8/27/2019 126751 2/7/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 302-0366 Fax # _____

Email krukmarek@hotmail.com

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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





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Building Floors-14	Apt. 14N	mastic under parquet floors	0	Yes	Yes	650		No	c
Building Floors-14	Apt. 14N	floor tiles with glue underneath in all closets	0	Yes	Yes	80		No	c
Building Floors-14	Apt. 14N	wall tile grout in bathroom	0	Yes	Yes	4		No	c
Building Floors-14	Apt. 14N	wall tiles glue in bathroom	0	Yes	Yes	50		No	c
Building Floors-14	Apt. 14N	bathroom fixtures caulking	0	Yes	Yes	2		No	c
Building Floors-14	Apt. 14N	floor tiles with glue underneath in kitchen	0	Yes	Yes	60		No	c
Building Floors-14	Apt. 14N	pipe insulation behind walls	0	Yes	Yes		50	No	c
Building Floors-14	Apt. 14N	window caulking	0	Yes	Yes	3		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab	11999	8/20/2019

11. NYS DOL Asbestos Handling license # 60418 Company Name City Green Street, Inc.

12. Comment

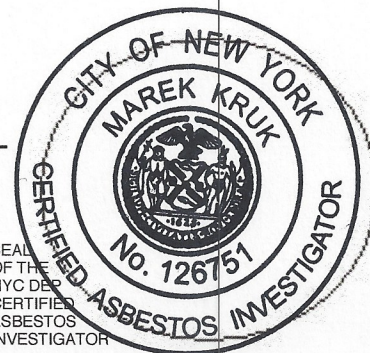
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MAREK KRUK 8/27/2019 126751 2/7/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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