Environmental Protection

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

RECEIVED
4/22/2014
DEP ASBESTOS CONTROL PROGRAM
FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 5122666**

2. Premise No. 239 Street Name Fingerboard Road Borough Staten Island Zip 10305

3. AKA Building 1A Type of Facility Other BIN 5107473 Block 03019 Lot 0120

4. Building Owner Mount Builders, LLC Address 5655 Amboy Road

5. City Staten Island State NY Zip 10309 Contact Person Michael Savo, Member

6. Tel. # (718) 966-0616 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Demolition of existing 1-1/2 story building.

8. I, GASPARE SANTORO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

03/22/2013, 03/25/2013, 04/07/2014 in accorda
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
Cellar	Entire (Bldg. 1A)	Floor Tile	2	No	
1st Fl.	Entire (Bldg. 1A)	Sheetrock	3	No	
1st Fl.	Entire (Bldg. 1A)	Ceiling Tile	2	No	
2nd Fl.	Entire	Sheetrock	3	No	
Attic	Entire (Bldg. 1A)	None	0	No	
Exterior	Entire (Bldg. 1A)	Asphalt Roofing Shingles	2	No	

I hereby declare the information provided herein is true and complete

GASPARE SANTORO	4/22/2014	115734	5/19/2015
DEP Certified Asbestos Investigator's Signature	*Date*	*Certificate Number*	*Expiration Date*

Tel. # (718) 356-3826 Fax # _____ Email santoroengineers@yahoo.com

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

CITY OF NEW YORK
GASPARE R. SANTORO
115734
CERTIFIED ASBESTOS INVESTIGATOR

DEPT BLDGS 520188948 Job Number
SC521618609 Scan Code

25129118

NYC Environmental Protection

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

RECEIVED
4/22/2014
DEP
ASBESTOS CONTROL
PROGRAM
FEE PAID

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci New York	11480	4/7/2013

11. NYS DOL Asbestos Handling license # 72728 Company Name Gaspare Rosario Santoro, P.E.

I hereby declare the information provided herein is true and complete

GASPARE SANTORO	4/22/2014	115734	5/19/2015
DEP Certified Asbestos Investigator's Signature	*Date*	*Certificate Number*	*Expiration Date*

Tel. # (718) 356-3826 Fax # _____ Email santoroengineers@yahoo.com

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

CITY OF NEW YORK
GASPARE R. SANTORO
115734
CERTIFIED ASBESTOS INVESTIGATOR

25129118

NYC Environmental Protection

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

RECEIVED
4/22/2014
DEP ASBESTOS CONTROL PROGRAM
FEE PAID

Control Number: 5122673

1. NYC DOB Job # (if applicable) _____

2. Premise No. 239 Street Name Fingerboard Road Borough Staten Island Zip 10305

3. AKA Building 1B Type of Facility Other BIN 5107473 Block 03019 Lot 0120

4. Building Owner Mount Builders, LLC Address 5655 Amboy Road

5. City Staten Island State NY Zip 10309 Contact Person Michael Savo, Member

6. Tel. # (718) 966-0616 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Demolition of existing one-story church.

8. I, GASPARE SANTORO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

03/22/2013, 03/25/2013, 04/07/2014 in accordar
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).

DEPT. BLDGS. 520188957 Job Number
SC130430008 Scan Code

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
1st Fl.	Entire (Bldg. 1B)	Plaster	5	No	
Exterior	Entire (Bldg. 1B)	Flat Roof Underlayment	2	No	
Exterior	Entire (Bldg. 1B)	Flat Roof Flashing Tar	3	No	

I hereby declare the information provided herein is true and complete

GASPARE SANTORO	4/22/2014	115734	5/19/2015
DEP Certified Asbestos Investigator's Signature	*Date*	*Certificate Number*	*Expiration Date*

Tel. # (718) 356-3826 Fax # _____ Email santoroengineers@yahoo.com

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

CITY OF NEW YORK
GASPARE R. SANTORO
115734
CERTIFIED ASBESTOS INVESTIGATOR

25129131

NYC Environmental Protection

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

RECEIVED
4/22/2014
DEP ASBESTOS CONTROL PROGRAM
FEE PAID

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci New York	11480	4/7/2013

11. NYS DOL Asbestos Handling license # 72728 Company Name Gaspare Rosario Santoro, P.E.

I hereby declare the information provided herein is true and complete

GASPARE R. SANTORO	4/22/2014	115734	5/19/2015
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

Tel. # (718) 356-3826 Fax # Email santoroengineers@yahoo.com

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

CITY OF NEW YORK ★ GASPARE R. SANTORO 115734 CERTIFIED ASBESTOS INVESTIGATOR ★

25129131

NYC Environmental Protection

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

RECEIVED
4/22/2014
DEP ASBESTOS CONTROL PROGRAM
FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 5122686**

2. Premise No. 239 Street Name Fingerboard Road Borough Staten Island Zip 10305

3. AKA Building 1C Type of Facility Other BIN 5107473 Block 03019 Lot 0120

4. Building Owner Mount Builders, LLC Address 5655 Amboy Road

5. City Staten Island State NY Zip 10309 Contact Person Michael Savo, Member

6. Tel. # (718) 966-0616 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Demolition of existing three-story building.

8. I, GASPARE SANTORO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

03/22/2013, 03/25/2013, 04/07/2014 in accordanc
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
Cellar	Entire (Bldg. 1C)	None	0	No	
1st Fl.	Entire (Bldg. 1C)	Plaster	5	No	
2nd Fl.	Entire (Bldg. 1C)	Plaster	5	No	
Attic	Entire (Bldg. 1C)	Insulation	3	No	
Exterior	Entire (Bldg. 1C)	Flat Roof Underlayment	2	No	
Exterior	Entire (Bldg. 1C)	Flat Roof Flashing Tar	3	No	

I hereby declare the information provided herein is true and complete

GASPARE SANTORO	4/22/2014	115734	5/19/2015
DEP Certified Asbestos Investigator's Signature	*Date*	*Certificate Number*	*Expiration Date*

Tel. # (718) 356-3826 Fax # _____ Email santoroengineers@yahoo.com

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

CITY OF NEW YORK ★ GASPARE R. SANTORO ★ CERTIFIED ASBESTOS INVESTIGATOR 115734

DEPT BLDGS 520188966 Job Number SC521618671 Scan Code

25129143

NYC Environmental Protection

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

RECEIVED
4/22/2014
DEP ASBESTOS CONTROL PROGRAM
FEE PAID

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci New York	11480	4/7/2013

11. NYS DOL Asbestos Handling license # 72728 Company Name Gaspare Rosario Santoro, P.E.

I hereby declare the information provided herein is true and complete

GASPARE SANTORO	4/22/2014	115734	5/19/2015
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

Tel. # (718) 356-3826 Fax # Email santoroengineers@yahoo.com

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

CITY OF NEW YORK
GASPARE R. SANTORO
115734
CERTIFIED ASBESTOS INVESTIGATOR

25129143

NYC Environmental Protection

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

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4/22/2014
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FEE PAID

Control Number: 5122704

DEPT BLDGS 520192087 Job Number
SC521618818 Scan Code

1. NYC DOB Job # (if applicable) _____

2. Premise No. 239 Street Name Fingerboard Road Borough Staten Island Zip 10305

3. AKA Building 1D Type of Facility Other BIN 5107473 Block 03019 Lot 0120

4. Building Owner Mount Builders, LLC Address 5655 Amboy Road

5. City Staten Island State NY Zip 10309 Contact Person Michael Savo, Member

6. Tel. # (718) 966-0616 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Demolition of existing three-story building.

8. I, GASPARE SANTORO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

03/22/2013, 03/25/2013, 04/07/2014 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. 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
Cellar	Entire (Bldg. 1D)	None	0	No	
1st Fl.	Entire (Bldg. 1D)	Plaster	5	No	
1st Fl.	Staiwell (Bldg. 1D)	Terrazzo Floor	2	No	
2nd Fl.	Entire (Bldg. 1D)	Plaster	5	No	
Exterior	Entire (Bldg. 1D)	Flat Roof Underlayment	2	No	
Exterior	Entire (Bldg. 1D)	Flat Roof Flashing Tar	3	No	

I hereby declare the information provided herein is true and complete

GASPARE SANTORO	4/22/2014	115734	5/19/2015
DEP Certified Asbestos Investigator's Signature	*Date*	*Certificate Number*	*Expiration Date*

Tel. # (718) 356-3826 Fax # _____ Email santoroengineers@yahoo.com

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

CITY OF NEW YORK
GASPARE R. SANTORO
115734
CERTIFIED ASBESTOS INVESTIGATOR

25129167

NYC Environmental Protection

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

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4/22/2014
DEP ASBESTOS CONTROL PROGRAM
FEE PAID

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci New York	11480	4/7/2013

11. NYS DOL Asbestos Handling license # 72728 Company Name Gaspare Rosario Santoro, P.E.

I hereby declare the information provided herein is true and complete

GASPARE SANTORO	4/22/2014	115734	5/19/2015
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

Tel. # (718) 356-3826 Fax # Email santoroengineers@yahoo.com

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SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR

CITY OF NEW YORK
GASPARE R. SANTORO
11573A
CERTIFIED ASBESTOS INVESTIGATOR

25129167

NYC Environmental Protection

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

RECEIVED
4/22/2014
DEP ASBESTOS CONTROL PROGRAM
FEE PAID

Control Number: 5122726

1. NYC DOB Job # (if applicable) _____

2. Premise No. 239 Rear Street Name Fingerboard Road Borough Staten Island Zip 10305

3. AKA Building 3B Type of Facility Other BIN 5107474 Block 03019 Lot 0120

4. Building Owner Mount Builders, LLC Address 5655 Amboy Road

5. City Staten Island State NY Zip 10309 Contact Person Michael Savo, Member

6. Tel. # (718) 966-0616 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Demolition of existing three-story tower.

8. I, GASPARE SANTORO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

03/22/2013, 03/25/2013, 04/07/2014 in accordanc
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

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☐ 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).

DEPT. BLDGS 520189000 Job Number SC130430026 Scan Code

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
1st through 3rd Fls.	Entire (Bldg. 3B)	None	0	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED

11. NYS DOL Asbestos Handling license # 72728 Company Name Gaspare Rosario Santoro, P.E.

I hereby declare the information provided herein is true and complete

GASPARE SANTORO — 4/22/2014 — 115734 — 5/19/2015
DEP Certified Asbestos Investigator's Signature — *Date* — *Certificate Number* — *Expiration Date*

Tel. # (718) 356-3826 Fax # _____ Email santoroengineers@yahoo.com

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

CITY OF NEW YORK — GASPARE R. SANTORO — 115734 — CERTIFIED ASBESTOS INVESTIGATOR

25129199

Environmental Protection

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

RECEIVED
4/22/2014
DEP ASBESTOS CONTROL PROGRAM
FEE PAID

Control Number: 5122718

1. NYC DOB Job # (if applicable) _____

2. Premise No. 239 Rear Street Name Fingerboard Road Borough Staten Island Zip 10305

3. AKA Building 3A Type of Facility Other BIN 5107474 Block 03019 Lot 0120

4. Building Owner Mount Builders, LLC Address 5655 Amboy Road

5. City Staten Island State NY Zip 10309 Contact Person Michael Savo, Member

6. Tel. # (718) 966-0616 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Demolition of existing 1-1/2 story, frame dwelling.

8. I, GASPARE SANTORO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

03/22/2013, 03/25/2013, 04/05/2013, 04/07/2014 in accordan
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).

DEPT. BLDGS. 520188993 SC130430006 Job Number Scan Code

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
1st Fl.	Entire (Bldg. 3A)	Plaster	3	No	
2nd Fl./Attic	Entire (Bldg. 3A)	Floor Tile	2	No	
Exterior	Entire (Bldg. 3A)	Asphalt Roofing Shingles	2	No	

I hereby declare the information provided herein is true and complete

GASPARE SANTORO	4/22/2014	115734	5/19/2015
DEP Certified Asbestos Investigator's Signature	*Date*	*Certificate Number*	*Expiration Date*

Tel. # (718) 356-3826 Fax # _____ Email santoroengineers@yahoo.com

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

CITY OF NEW YORK GASPARE R. SANTORO 115734 CERTIFIED ASBESTOS INVESTIGATOR

25129180

Environmental Protection

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

RECEIVED
4/22/2014
DEP ASBESTOS CONTROL PROGRAM
FEE PAID

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci New York	11480	4/11/2013
AmeriSci New York	11480	4/7/2013

11. NYS DOL Asbestos Handling license # 72728 Company Name Gaspare Rosario Santoro, P.E.

I hereby declare the information provided herein is true and complete

GASPARE SANTORO	4/22/2014	115734	5/19/2015
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

Tel. # (718) 356-3826 Fax # Email santoroengineers@yahoo.com

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SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR

CITY OF NEW YORK
GASPARE R. SANTORO
115734
CERTIFIED ASBESTOS INVESTIGATOR

25129180