



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



1. NYC Buildings Dept. Application # _____
2. Premise No. 172 Street Name WILSON STREET Borough Brooklyn Zip 11211
3. AKA _____ Type of Facility Residence BIN 3394317 Block 02182 Lot 7501
4. Building Owner 40 LEE AVENUE REALTY Address 172 WILSON STREET
5. City BROOKLYN State NY Zip 11211 Contact Person ALEX GOLDBERGER
6. Tel. # (845) 222-1884 Fax # _____ Email _____

7. Description of the Entire Scope of Work
INSTALLING ADDITIONAL TELECOM CABINET ON EXISTING DUNNAGE ON ROOF.
NO CHANGE TO OCCUPANCY, USE, OR EGRESS.

8. I, ANTONIO CINQUEPALMI, have conducted an asbestos investigation on 9/11/2010 in accordance
Name of Certified Asbestos Investigator Date

with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☐ a. premise (or portions thereof) 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): _____

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIPTION SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
ROOF	EXISTING TELECOM AREA	NO SUSPECT ACM	0	No	

10. Analytical Laboratory N/A

11. ELAP # N/A Date(s) Samples Analyzed N/A
NYS DOH CERTIFICATION

I hereby declare the information provided herein is true and complete

Antonio Cinquepalmi 9/15/2010 119166 8/1/2012
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 921-8904 Fax # _____ Email antonio080160@verizon.net

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.

SEALED
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

