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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11355
ASBESTOS ASSESSMENT REPORT



FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 3024606**
2. Premise No. 610 Street Name OVINGTON AVENUE Borough Brooklyn Zip 11209
3. AKA _____ Type of Facility _____ BIN 3146713 Block 05894 Lot 0001
610 OVINGTON AVENUE OWNERS
4. Building Owner CORP. Address 867 DRIGGS AVENUE
5. City BROOKLYN State NY Zip 11211 Contact Person JOSEPH SCHWEID
6. Tel. # (917) 969-5919 Fax # _____ Email _____
7. Description of the Entire Scope of Work
INSTALLING ADDITIONAL TELECOM CABINETS IN EXISTING EQUIPMENT ROOM IN BASEMENT. RELATED ANTENNAS ON ROOF.
NO CHANGE TO OCCUPANCY, USE, OR EGRESS.

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

05/16/2012 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
BASEMENT	EXISTING TELECOM EQUIPMENT ROOM	NO SUSPECT ACM	0	No	
ROOF	TELECOM AREA	NO SUSPECT ACM	0	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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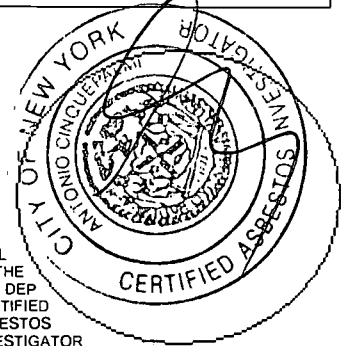
I hereby declare the information provided herein is true and complete

CINQUEPALMI 5/17/2012 119166 8/1/2012
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 517-5156 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.

SEAL OF THE
 NYC DEP
 CERTIFIED
 ASBESTOS
 INVESTIGATOR



2526121



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11. NYS DOL Asbestos Handling license # 58317 Company Name Arcobaleno, LLC

I hereby declare the information provided herein is true and complete

CINQUEPALMI

DEP Certified Asbestos Investigator's Signature

5/17/2012

Date

119166

Certificate Number

8/1/2012

Expiration Date

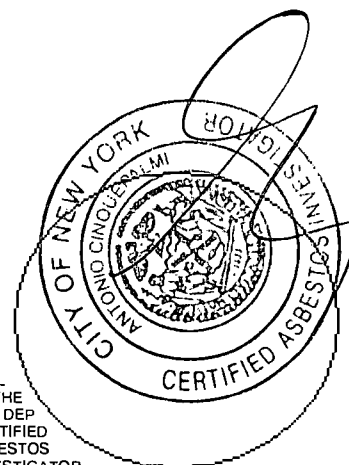
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