

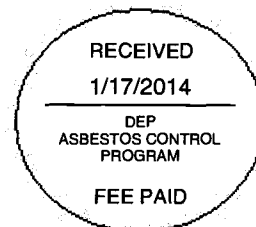


NYC DEP,

59-17.



ON

1. NYC DOB Job # (if applicable) _____ **Control Number: 3109117**2. Premise No. 1205 Street Name SURF AVENUE Borough Brooklyn Zip 112243. AKA _____ Type of Facility _____ BIN 3389806 Block 07266 Lot 02524. Building Owner 1205 SURF AVENUE REALTY LLC Address 1205 SURF AVENUE5. City BROOKLYN State NY Zip 11224 Contact Person TED KASSAB6. Tel. # 6463615158 Fax # _____ Email _____

7. Description of the Entire Scope of Work

INSTALLING A NON EMERGENCY GAS GENERATOR ON EXISTING DUNNAGE ON ROOF. RELATED GAS PIPING AS PER PLANS.
NO CHANGE TO OCCUPANCY, USE, OR EGRESS.8. I, ANTONIO CINQUEPALMI, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

01/15/2014

Date(s)

in accordance

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
1ST-3RD	UTILITIES AREA/RISER AREA	CONCRETE CEILING	0	Yes	Yes
ROOF	TELECOM AREA/GENERATOR 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

ANTONIO CINQUEPALMI 1/17/2014 119166 8/1/2014
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.

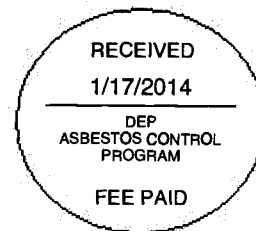
SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



25114778



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



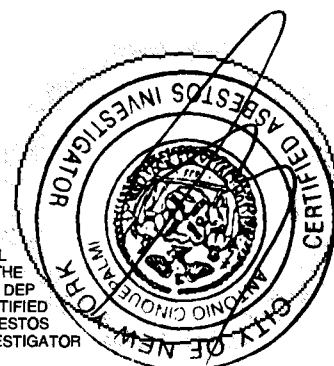
11. NYS DOL Asbestos Handling license # 58317 Company Name Arcobaleno, LLC

I hereby declare the information provided herein is true and complete

ANTONIO CINQUEPALMI 1/17/2014 119166 8/1/2014
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
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