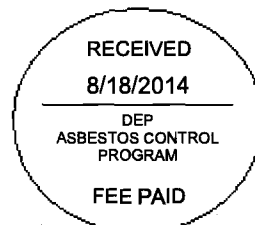




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4141750**
2. Premise No. 244 Street Name Hillside Ave Borough Queens Zip 11697
3. AKA _____ Type of Facility Residence BIN 4464230 Block 16340 Lot 0050
4. Building Owner Mr and Mrs Wayne Printz Address 244 Hillside Ave
5. City Queens State NY Zip 11697 Contact Person Mr and Mrs Wayne Printz
6. Tel. # (718) 757-4932 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Demolition of a one story house damaged by Hurricane Sandy

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

08/12/2014 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
1	Walls/ceiling	White/tan sheetrock	3	No	No
Roof	Roof	White/tan shingle	2	No	No

10. ANALYTICAL LABORATORY:

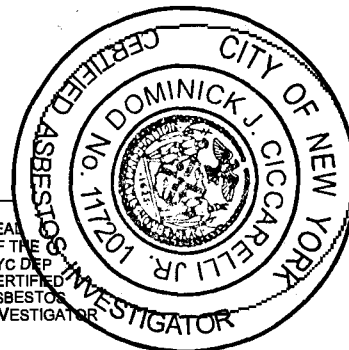
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
IATL	11021	8/14/2014

I hereby declare the information provided herein is true and complete

DOMINICK CICCARELLI 8/19/2014 117201 3/27/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 987-3729 Fax # _____ Email Dominick@thinkdesignarch.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

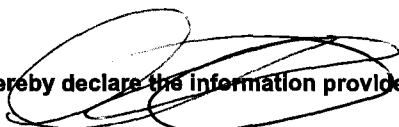




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ASBESTOS ASSESSMENT REPORT



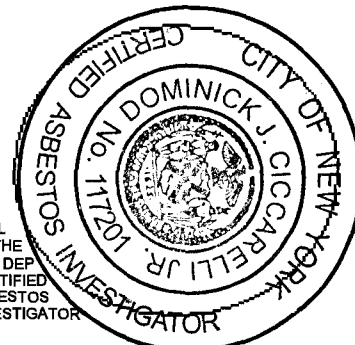
11. NYS DOL Asbestos Handling license # 58621 Company Name Dominick John Ciccarelli Jr.


I hereby declare the information provided herein is true and complete

<u>DOMINICK CICCARELLI</u>	<u>8/19/2014</u>	<u>117201</u>	<u>3/27/2015</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date
		Dominick@thinkdesignarch.com	
Tel. # (718) 987-3729	Fax #	Email	com

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SEAL
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ASBESTOS
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