



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: 4717753**
2. Premise No. 89-11 Street Name NORTHERN BLVD Borough Queens Zip 11372
3. AKA _____ Type of Facility Commercial BIN 4034842 Block 01419 Lot 0031
4. Building Owner CVS PHARMACY Address 89-11 NORTHERN BLVD
5. City QUEENS State NY Zip 11372 Contact Person ANDREW HOM
6. Tel. # (732) 918-2300 Fax # _____ Email AHOM@mma-architects.com
7. Work Type PL Plumbing, General Construction

Description of the Entire Scope of Work

PROPOSED RENOVATION OF INTERIOR FINISHES ON FIRST FLOOR AND NEW CELLAR BATHROOM FINISHES ONLY. CELLAR CEILING CONTAINS APPROXIMATELY 10' LINEAL FEET OF PRESSUMEND ACM PIPE INSULATION THAT IS 15 FEET AWAY OUTSIDE OF AREA OF SCOPE OF WORK AND IS NOT OT BE DISTURBED

8. I, ANSELMO GENOVESE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
07/10/2020 11:15AM-12:00PM 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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
- ☐ 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: 0 sq. ft 10 linear ft.
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-1 to 1	WALLS	SHEETROCK	2	No	No				

I hereby declare the information provided herein is true and complete

ANSELMO GENOVESE 7/10/2020 139529 12/30/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 815-8941 Fax # (718) 815-8943

Email AGENOARCH@AOL.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



Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



25735812



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT



Building Floors-1 to 1	FLOORING	12"X12" V.C.T. @ FREEZER AREAR	3	No	No				
Building Floors-1 to 1	FLOORING	STICK DOWN CARPET TILE @ ENTRY	2	No	No				
Building Floors-1 to 1	FLOORING	STICK DOWN CARPET TILE @ STORE	3	No	No				
Building Floors-1 to 1	CEILING	2'X4' LAY-IN CEILING TILE	5	No	No				
Basement	BATHROOM AREA	COVE BASE MOLDING AND GLUE	2	No	No				
Basement	BATHROOM AREA	12"X12"V.C.T. FLOORING	2	No	No				
Basement	BATHROOM AREA	BATHROOM WALLS AND CEILING SHEETROCK	2	No	No				
Basement	BATHROOM AREA	PIPE INSULATION AT CEILING WHICH IS 15' AWAY OF WORK AREA	0	No	Yes		10	No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AMERISCI	11480	7/10/2020

11. NYS DOL Asbestos Handling license # 215296 Company Name ASG Building Services LLC

12. Comment

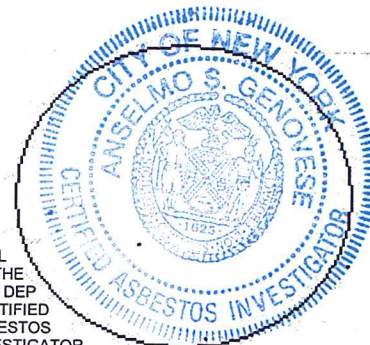
EXISTING PIPE INSULATION IN BASEMENT PRESUMED ACM TO REMAIN AND IS OUTSIDE OF AREA OF SCOPE OF WORK IF SCOPE OF WORK INCREASES THEN ABATEMENT AND OR ADDITIONAL TESTING IS REQUIRED.

I hereby declare the information provided herein is true and complete

ANSELMO GENOVESE 7/10/2020 139529 12/30/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 815-8941 Fax # (718) 815-8943Email AGENOARCH@AOL.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
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

25735812