



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11375
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____
2. Premise No. 591 Street Name Forest Avenue Borough Staten Island Zip 10310
3. AKA 591 - 595 Type of Facility Commercial BIN 5004258 Block 00154 Lot 0140
4. Building Owner Forest Ave Realty Address 920 72nd Street
5. City Brooklyn State NY Zip 11228 Contact Person Anthony Genovese
6. Tel. # (347) 881-9018 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Illuminated non-advertising wall sign.

8. I, ANTONIO JARAMILLO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
11/30/2011 in accordance
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. 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
OSP	Partial (strictly work area)	stucco/Note*There is no material suspect to contain asbestos.	0	No	No

10. ANALYTICAL LABORATORY:

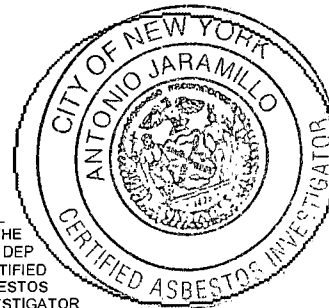
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

ANTONIO JARAMILLO 11/30/2011 120023 10/28/2012
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 326-2924 Fax # (718) 521-4530 Email tonitoj@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



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