



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

RECEIVED

11/27/2012

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 5051430**
2. Premise No. 608 Street Name Huguenot Avenue Borough Staten Island Zip 10312
3. AKA _____ Type of Facility Residence BIN 5083701 Block 06843 Lot 0001
4. Building Owner Frank McErlean Address 3902 Amboy Road
5. City Staten Island State NY Zip 10308 Contact Person Frank McErlean
6. Tel. # 718-605-3460 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Demolition of existing 1 story, frame dwelling.

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

11/15/2012 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
1st Fl.	Entire	Sheetrock	3	No	
Exterior	Entire	Roofing Material	3	No	

I hereby declare the information provided herein is true and complete

PAUL SANTORO 11/27/2012 113329 2/2/2013
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (609) 571-8258 Fax # _____ Email psantoro79@yahoo.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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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci New York	11480	11/19/2012
AmeriSci New York	11480	11/20/2012

11. NYS DOL Asbestos Handling license # 58706 Company Name Paul Santoro

I hereby declare the information provided herein is true and complete

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