



NYC DEPARTMENT OF

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

ASBESTOS ASSESSMENT REPORT

RECEIVED
3/10/2014
DEP
ASBESTOS CONTROL
PROGRAM
FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 5116022**

2. Premise No. 1955 Street Name Richmond Terrace Borough Staten Island Zip 10302

3. AKA N/A Type of Facility Commercial BIN 5005117 Block 00185 Lot 0525

4. Building Owner Caribou Properties, LLC Address 16 Derby Court

5. City Staten Island State NY Zip 10302 Contact Person Albert Beyda

6. Tel. # (212) 644-6147 Fax # (212) 644-6148 Email abeyda@lamar.com

7. Description of the Entire Scope of Work

Installation of three (3) signs on the exterior facades of the above mentioned building/structure.

8. I, ROBERT GARDNER, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

03/04/2014

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
Exterior	Facades, at front	Mortar to Brick Facades	2	No	No
Exterior	Facades, at sides	Stucco over brick facades	2	No	No

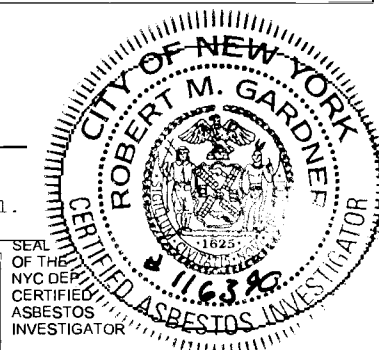
10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab, LTD	11999	3/5/2014

I hereby declare the information provided herein is true and complete

ROBERT GARDNER 3/10/2014 116390 11/7/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (212) 675-5544 Fax # (212) 675-4698 Email gardner@alcenvironmental.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.



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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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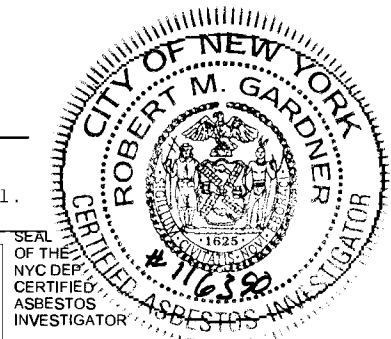


11. NYS DOL Asbestos Handling license # 54123 Company Name The ALC Group LLC dba ALC Environmental

I hereby declare the information provided herein is true and complete

<u>ROBERT GARDNER</u>	<u>3/10/2014</u>	<u>116390</u>	<u>11/7/2015</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date
		robert.	
Tel. # <u>(212) 675-5544</u>	Fax # <u>(212) 675-4698</u>	Email <u>gardner@alcenvironmental.com</u>	

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