



NYC DEPARTMENT OF ENVIRONMENTAL P
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing,
ASBESTOS ASSESSMENT REPO...



1. NYC DOB Job # (if applicable) _____ **Control Number: 5478625**
2. Premise No. 3229 Street Name Richmond Avenue Borough Staten Island Zip 10314
3. AKA _____ Type of Facility Commercial BIN _____ Block 5533 Lot 62
4. Building Owner Greenridge Plaza 674 LLC Address 3333 New Hyde Plaza 674 LLC
5. City New Hyde Park State NY Zip 11042 Contact Person Nicholas Brown
6. Tel. # (516) 869-2557 Fax # _____ Email mpotoma@kimcorealty.com
7. Description of the Entire Scope of Work
Direct Replacement at Roof of Air Handler

8. I, RALPH GIORGIO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
08/28/2018 9:00AM-10:00AM 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:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Roof		Entire	None	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 102770 Company Name Permanent Engineering, P.C.

I hereby declare the information provided herein is true and complete

RALPH GIORGIO 9/18/2018 117409 2/10/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 667-8500 Fax # _____

Email rgiorgio@permanentengineering.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, 40 CFR 763.80, 40 CFR 763.85.



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



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