



NYC DEPARTMENT
Asb
59-17 Junction Bou
ASBESTO



1. NYC DOB Job # (if applicable) _____ **Control Number: 5657177**
2. Premise No. 1361 Street Name HYLAN BLVD Borough Staten Island Zip 10305
3. AKA CVS - STORE Type of Facility Commercial BIN 5048984 Block 03323 Lot 0001
4. Building Owner CVS Address 1361 HYLAN BLVD
5. City STATEN ISLAND State NY Zip 10305 Contact Person MMA ARCHITECT
6. Tel. # (732) 918-2300 Fax # _____ Email jcapon@mma-architects.com
7. Work Type General Construction

Description of the Entire Scope of Work

INTERIOR RENOVATION OF PHARMACY AREA FOR MINI CLINIC AND ADA ACCESSIBILITY

8. I, ANSELMO GENOVESE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

04/18/2018 9:15AM-9:45AM, 12/11/2019 1:00PM-1:30PM 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: _____ sq. ft _____ 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
Ground Floor	PHARMACY AREA	APPROXIMATELY 300SF OF SHEETROCK WALLS	3	No	No				

I hereby declare the information provided herein is true and complete

ANSELMO GENOVESE 12/23/2019 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



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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Ground Floor	PHARMACY AREA-CEILINGS	200SF 2'X2' LAY IN CEILING TILES	3	No	No				
Ground Floor	PHARMACY AREA	200SF 12"X12" VCT UNDER CARPET	3	No	No				
Ground Floor	PHARMACY AREA	200SF 2'X2' CARPET TILES AND GLUE	3	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AMERISCI	11480	12/20/2019

11. NYS DOL Asbestos Handling license # 82773 Company Name Anselmo S. Genovese, Architect, P.C.

12. Comment

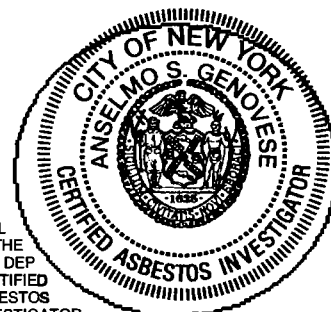
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