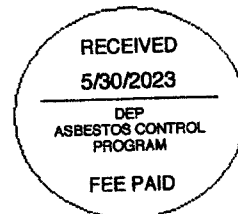




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Control Number: 51123145

1. NYC DOB Job # (if applicable) _____
2. Premise No. 61 Street Name Seguine Avenue Borough Staten Island Zip 10309
3. AKA 1 story store Type of Facility Commercial BIN 5107748 Block 06681 Lot 0001
4. Building Owner Seguine Avenue Holdings LLC Address 45 Marble Loop
5. City Staten Island State NY Zip 10309 Contact Person Charlie Fleming
6. Tel. # (917) 836-7558 Fax # _____ Email _____
7. Work Type Full Demolition

Description of the Entire Scope of Work
File application to demolish a detached 1 story building. Abatement has been completed prior to inspection.

8. I, EDWARD LENZO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
04/25/2023 10:00AM-11:00AM 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. 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).

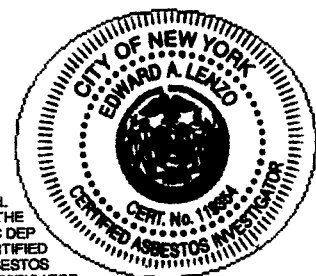
9. RESULTS OF ASBESTOS BUILDING SURVEY:

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
Outside Space	Roof, perimeter walls and windows.	Asphalt roofing.	4	No	No				

I hereby declare the information provided herein is true and complete

EDWARD LENZO 5/30/2023 119354 9/1/2024
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 916-7670 Fax # (718) 984-5495
Email elasbestos202@gmail.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.



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



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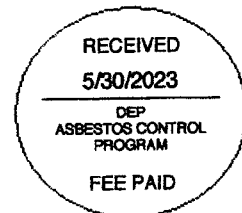
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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Outside Space	Roof, perimeter walls and windows.	Transite siding.	0	Yes	Yes	800		Yes	d
Outside Space	Roof, perimeter walls and windows.	Exposed insulation at walls and under crawl space.	3	No	No				
Outside Space	Roof, perimeter walls and windows.	Exterior concrete block mortar.	3	No	No				
Outside Space	Roof, perimeter walls and windows.	Exterior window caulking.	3	No	No				
Building Floors-1 to 1	Walls and ceilings throughout.	Drywall finishes.	5	No	No				
Building Floors-1 to 1	Walls and ceilings throughout.	Flooring, moldings, small heater and pipes are free of suspect materials.	0	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Amerisci New York	11480	5/1/2023
Amerisci New York	11480	5/2/2023

11. NYS DOL Asbestos Handling license # 55043 Company Name E.L. Asbestos Inspections

12. Comment

I hereby declare the information provided herein is true and complete

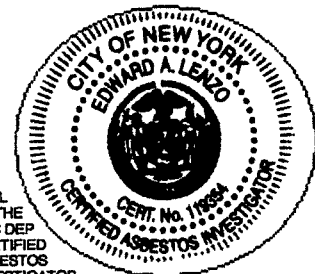
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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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