



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

1. NYC DOB Job # (if applicable) _____
2. Premise No. 208 Street Name Wolverine Street Borough Staten Island Zip 10306
3. AKA Detached 1 story home Type of Facility Residence BIN 5060149 Block 04399 Lot 0293
4. Building Owner Cristina Arambages Address 479 Doane Ave, 208 Wolverine St
5. City Staten Island State NY Zip 10308 Contact Person Cristina Arambages
6. Tel. # (917) 923-4041 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Interior Renovation of existing 1 story wood framed home on a concrete foundation with a basement. 2nd story addition to existing home. Roof is plywood with asphalt composite shingles. Interior walls and ceilings are all sheet rock throughout main floor. Basement walls are wood panel. Ceiling is cardboard tile. Samples and pictures taken throughout.

8. I, EDWARD LENZO, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

10/24/2011

Date

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
Roof	Exterior roofing	Asphalt composite roofing	3	No	No
Exterior walls	4 walls	None. All wood shingles. Pictures taken	0	No	No
Main floor interior	Sheet rock walls and ceiling	Wallboard.	3	No	No
Basement	Recreation room	Ceiling tile	2	No	No
Attic	Entire	None. All exposed wood	0	No	No

I hereby declare the information provided herein is true and complete

EDWARD LENZO

11/2/2011

119354

9/1/2012

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

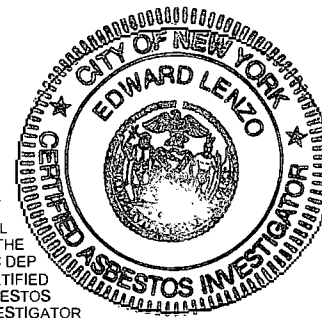
Tel. # (917) 916-7670

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.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



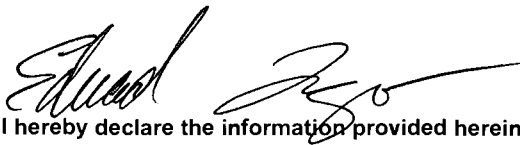
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci New York	11480	11/1/2011



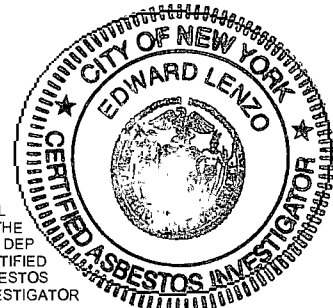
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<u>EDWARD LENZO</u>	<u>11/2/2011</u>	<u>119354</u>	<u>9/1/2012</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

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