



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) _____ **Control Number: 5153637**

2. Premise No. 300 Street Name Ashland Ave Borough Staten Island Zip 10309

3. AKA _____ Type of Facility Residence BIN 5084066 Block 06864 Lot 0012

4. Building Owner Frank DiGennaro Address 300 Ashland Ave

5. City SI State NY Zip 10309 Contact Person Frank DiGennaro

6. Tel. # (718) 984-1577 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Install solar panels on roof

8. I, DOMINICK CICCARELLI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/22/2014 *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
Roof	Roof	No Assumed ACM	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 # 58621 Company Name Dominick John Ciccarelli Jr.

I hereby declare the information provided herein is true and complete

DOMINICK CICCARELLI 10/30/2014 117201 3/27/2015
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
Dominick@thinkdesignarch.com
 Tel. # (718) 987-3729 Fax # _____ Email 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.

