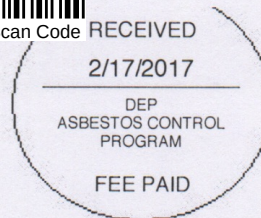




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 5286456**
2. Premise No. 121 Street Name TARGEE STREET Borough Staten Island Zip 10304
3. AKA _____ Type of Facility Other BIN _____ Block 00543 Lot 0017
4. Building Owner IMMACULATE CONCEPTION Address 121 TARGEE STREET
5. City STATEN ISLAND State NY Zip 10304 Contact Person AGENT STANISLAV SIDORANKO
6. Tel. # (718) 328-3525 Fax # _____ Email _____
7. Description of the Entire Scope of Work
FILE INSTALLATION OF TEMPORARY PIPE SCAFFOLD ONLY OSP. PHOTO'S TAKEN.

8. I, RICHARD MURDISON, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
- 02/17/2017 7:30AM-8:30AM 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: 13566 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
FACADE MORTAR/CEMENTITIOUS 11346SF & LOW ROOF ROOFING MATERIALS 2220SF
- ☐ 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
OSP	FACADE	MORTAR/CEMENTITIOUS 11356SF	0	Yes	Yes
OSP	LOW ROOF	ROOFING 2220SF	0	Yes	Yes

10. ANALYTICAL LABORATORY:

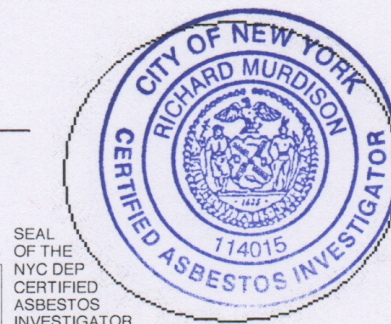
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
------	--------------------------------	--------------------------

I hereby declare the information provided herein is true and complete

Richard Murdison 2/17/2017 114015 5/15/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 984-4315 Fax # _____

Email rmurdison@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.

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



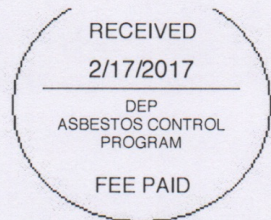
25301426



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



11. NYS DOL Asbestos Handling license # 61090 Company Name Allied Asbestos Services LLC

I hereby declare the information provided herein is true and complete

RICHARD MURDISON 2/17/2017 114015 5/15/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 984-4315 Fax # _____

Email rmurdison@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



25301426