



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: 2217482**
2. Premise No. 3618 Street Name Willet Avenue Borough Bronx Zip 10467
3. AKA _____ Type of Facility Residence BIN 2057404 Block 04647 Lot 0010
4. Building Owner Vanessa Pierre Address 3618 Willet Avenue
5. City Bronx State NY Zip 10027 Contact Person Vanessa Pierre
6. Tel. # (917) 972-5263 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Roof: filing herewith tax abatenebt application for installation of roof mounted solar panels. No change in use, egress or occupancy.

8. I, JEAN RENSINK, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

12/07/2015 8:30AM-8:45AM

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	Partial	Roofing, flashing, caulking, tar assumed to contain asbestos less than 10 SF to be disturbed	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

JEAN RENSINK 12/7/2015 123114 5/7/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (845) 782-4443 Fax # _____

Email jeanrensink@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



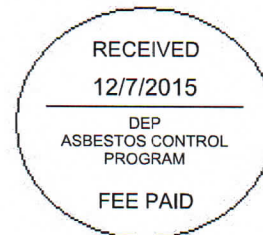
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11. NYS DOL Asbestos Handling license # 28946 Company Name AA Services, LLC

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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