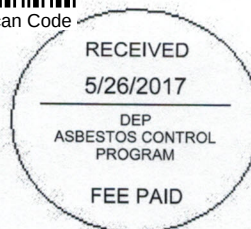




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____

Control Number: 23125532. Premise No. 4127B Street Name Hill Avenue Borough Bronx Zip 104663. AKA _____ Type of Facility Residence BIN 2069364 Block 05026 Lot 00384. Building Owner Freeman Smalls Address 4127 B Hill Ave5. City Bronx State NY Zip 10466 Contact Person Freeman Smalls6. Tel. # (917) 806-3546 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Install solar panels on existing roof, no demo, less than 2 sq ft of 1/2" penetrations into existing roof to mount necessary hardware.

8. I, MARC RUTSTEIN, have conducted an asbestos investigation on
*Name of Certified Asbestos Investigator*05/26/2017 1:30PM-1:45PM 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: _____ 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	Entire	None (less than 2 sq. ft of 1/2" holes to be penetrated).	0	No	Yes

10. ANALYTICAL LABORATORY:

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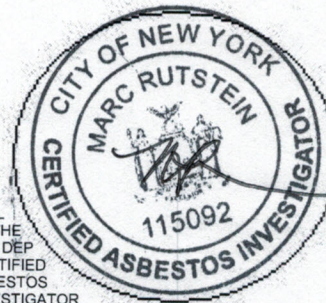
I hereby declare the information provided herein is true and complete

MARC RUTSTEIN 5/26/2017 115092 5/14/2019
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (845) 638-0640 Fax # _____Email marc.rutstein@ecmsny.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

25328541

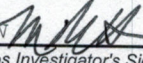


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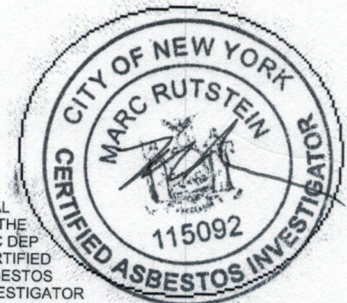


11. NYS DOL Asbestos Handling license # 34543 Company Name Ecological Consulting and Management Services, Inc

I hereby declare the information provided herein is true and complete

MARC RUTSTEIN  5/26/2017 115092 5/14/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (845) 638-0640 Fax # _____
Email marc.rutstein@ecmsny.com

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



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