



DEPT OF BLDGS 240222399

Job Number



ES361715753

Scan Code

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

RECEIVED

5/14/2018

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

1. NYC DOB Job # (if applicable) _____

Control Number: 2418067

2. Premise No. 1052 Street Name PIERCE AVE Borough Bronx Zip 104613. AKA _____ Type of Facility _____ BIN 2043948 Block 04065 Lot 00024. Building Owner ATANAS IVANOV Address 1052 PIERCE AVE5. City BRONX NY State NY Zip 10461 Contact Person ATANAS IVANOV6. Tel. # (917) 374-8063 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Installation of solar panel system on existing roof including brackets and connectors as noted on plans. No work to be done in the rest of the house under this application.

8. I, ILIAS GKIOUSAS, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

05/12/2018 9:00AM-9:15AM

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:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Facade	1 to 2	throughout	siding (shingles, tar paper, stucco, mortar, caulking)	0	Yes	Yes
Roof		throughout	roofing materials	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

ILIAS GKIOUSAS5/14/20181465897/19/2019

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (347) 381-9380 Fax # _____Email environmentaleli@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, 40 CFR 763.80, 40 CFR 763.85.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

25437778



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ASBESTOS ASSESSMENT REPORT



11. NYS DOL Asbestos Handling license # 101236 Company Name Eli Environmental, Inc.

I hereby declare the information provided herein is true and complete

<u>ILIAS GKIOUSAS</u>	<u>5/14/2018</u>	<u>146589</u>	<u>7/19/2019</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

Tel. # (347) 381-9380 Fax # _____

Email environmentaleli@gmail.com

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



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