



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: 2568166**

2. Premise No. 4085 Street Name DeREIMER AVENUE Borough Bronx Zip 10466

3. AKA _____ Type of Facility Residence BIN 2067599 Block 04982 Lot 0050

4. Building Owner MARIO ORTIZ Address 4085 DeREIMER AVENUE

5. City BRONX State NY Zip 10466 Contact Person MARIO ORTIZ

6. Tel. # (646) 241-7032 Fax # _____ Email _____

7. Work Type Other (solar panel)

Description of the Entire Scope of Work
New solar panel on the roof

8. I, SAEED AINECHI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
03/30/2019 10:30AM-12:30PM 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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
- ☐ 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.
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Roof	north roof, west roof, east roof, south roof	shingles	0	No	No				

I hereby declare the information provided herein is true and complete

SAEED AINECHI 4/3/2019 117469 3/4/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 544-7878 Fax # (718) 544-7884

Email ana1987eng@yahoo.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



25570360



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ASBESTOS ASSESSMENT REPORT

RECEIVED

4/3/2019

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 41803 Company Name A & A Consulting Engineer, P.C.

12. Comment

I hereby declare the information provided herein is true and complete

SAEED AINECHI4/3/20191174693/4/2020

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

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

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