



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: 2618912**

2. Premise No. 3815 Street Name Laconia Ave Borough Bronx Zip 10469

3. AKA _____ Type of Facility Residence BIN 2059651 Block 04702 Lot 0055

4. Building Owner Elvin Rodriguez Address 3815 Laconia Ave

5. City Bronx State NY Zip 10469 Contact Person Elvin Rodriguez

6. Tel. # (718) 791-4887 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
08/15/2019 3:30PM-4:30PM 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	west roof	rubber	0	No	No				

I hereby declare the information provided herein is true and complete

SAEED AINECHI 8/16/2019 117469 3/4/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # 7185447878 Fax # (718) 544-7884

Email anal987eng@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





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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

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