



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: 4921829**

2. Premise No. 958 Street Name East 223 Street Borough Bronx Zip 10466

3. AKA _____ Type of Facility Other BIN 2064295 Block 04858 Lot 0068

4. Building Owner Dothlyn Cole Address 958 East 223 Street

5. City Bronx State NY Zip 10466 Contact Person Dothlyn Cole

6. Tel. # (646) 474-6303 Fax # _____ Email _____

7. Work Type Other (Solar Panel Installation)

Description of the Entire Scope of Work

Solar Panel Installation

8. I, JUSTIN BILLUPS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/17/2021 9:00AM-9:30AM 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: 12 sq. ft 0 linear ft.
- ☐ d. entire building is free of asbestos containing material (ACM).

I have advised the Owner / owner's representative / client that the minor project amounts of the confirmed or presumed ACMs shall need to be abated by a NYS DOL Licensed Asbestos Abatement Contractor, and disposed of as asbestos-containing wastes, prior to conducting this renovation project.

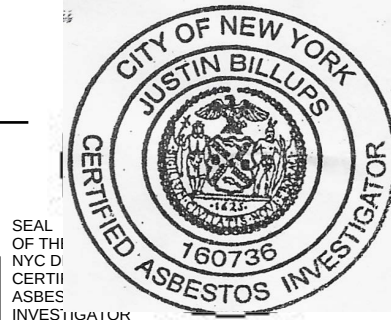
I hereby declare the information provided herein is true and complete

JUSTIN BILLUPS Justin Billups 12/17/2021 160736 6/13/2024
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (203) 501-2830 Fax # _____

Email ctaccesshealth@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.



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





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



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, South & East Corners	Roof Shingles	0	Yes	Yes	7		No	b
Roof	North, South & East Corners	Roof Tar	0	Yes	Yes	12		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
------	--------------------------------	--------------------------

11. NYS DOL Asbestos Handling license # 163107 Company Name LM Environmental & Safety Inc.

12. Comment

I have advised the Owner / owner's representative / client that the minor project amounts of the confirmed or presumed ACMs shall need to be abated by a NYS DOL Licensed Asbestos Abatement Contractor, and disposed of as asbestos-containing wastes, prior to conducting this renovation project.

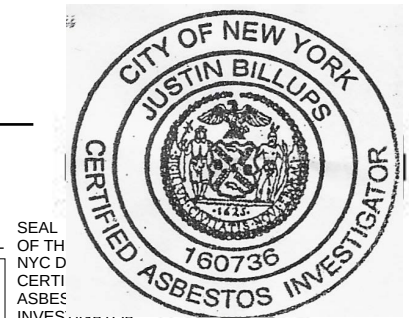
I hereby declare the information provided herein is true and complete

JUSTIN BILLUPS Justin Billups 12/17/2021 160736 6/13/2024
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (203) 501-2830 Fax # _____

Email ctaccesshealth@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.



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

