



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: 41061941**
2. Premise No. 3425 Street Name ELY AVENUE Borough Bronx Zip 10469
3. AKA _____ Type of Facility Residence BIN 2065471 Block 04884 Lot 0031
4. Building Owner Eme Asuquo Address 3425 Ely Ave
5. City Bronx State NY Zip 10469 Contact Person Eme Asuquo
6. Tel. # (917) 566-5938 Fax # _____ Email Amyfavour1@gmail.com
7. Work Type Other (Solar Panel Installation)

Description of the Entire Scope of Work
INSTALLATION OF SOLAR PANEL UNITS TO THE ROOF OF DWELLING
MODULE TYPE: PHONO SOLAR PS545M6-24/TH 545W

8. I, JUSTIN BILLUPS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/19/2022 10:30AM-10:45AM 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: 190 sq. ft 0 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	ROOF	ASPHALT MEMBRANE	0	No	Yes	10		No	b
Roof	ROOF	TAR	0	No	Yes	180		No	c

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* 12/20/2022 160736 6/13/2024
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 837-1675 Fax # _____

Email billupsj94@gmail.com

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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 # 393476 Company Name Elevate Consultants Inc.

12. Comment

Suspect PACM to be abated or tested in accordance to scope before work

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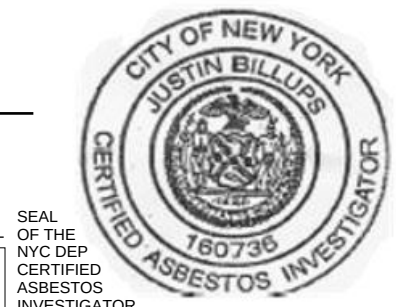
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JUSTIN BILLUPS Justin Billups 12/20/2022 160736 6/13/2024
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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