



**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: 21124666**
2. Premise No. 1334 Street Name Odell St Borough Bronx Zip 10462
3. AKA \_\_\_\_\_ Type of Facility Residence BIN 2028989 Block 03934 Lot 0026
4. Building Owner ROHAN MANGROO Address 1334 Odell St
5. City Bronx State NY Zip 10462 Contact Person ROHAN MANGROO
6. Tel. # (646) 286-0044 Fax # \_\_\_\_\_ Email \_\_\_\_\_
7. Work Type Other (Solar)

Description of the Entire Scope of Work

Installation of solar panel system on existing roof including brackets and connectors as noted on plans.

8. I, ANTHONY RIZVI, have conducted an asbestos investigation on  
*Name of Certified Asbestos Investigator*

05/16/2023 9:45AM-10:15AM 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  | Exterior                     | Roofing materials                              | 0                          | No               | Yes         | 4           |             | No     | b                     |

*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

ANTHONY RIZVI 6/9/2023 144822 9/24/2024  
*DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date*

Tel. # (347) 443-8850 Fax # \_\_\_\_\_

Email nycasbestosacp5@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.

SEAL OF THE NYC DEPT OF ENVIRONMENTAL PROTECTION  
CERTIFIED ASBESTOS INVESTIGATOR  
144822



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 |
|------|--------------------------------|--------------------------|
|------|--------------------------------|--------------------------|

11. NYS DOL Asbestos Handling license # 286720 Company Name Charlesquest LLC

12. Comment

If scope of work were to change, and/or if the owner/owner rep feels suspect materials weren't properly taken please call the investigator for further clarifications. If any suspect materials are uncovered during renovation or demo process, please call us.

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