



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: 21131318**
2. Premise No. 3338 Street Name BRONX BOULEVARD Borough Bronx Zip 10467
3. AKA \_\_\_\_\_ Type of Facility Residence BIN 2056826 Block 04622 Lot 0016
4. Building Owner PHILLICIA ROSE-BROWN Address 3338 BRONX BOULEVARD
5. City BRONX State NY Zip 10467 Contact Person DAVID RASTEGAR
6. Tel. # (646) 626-6299 Fax # \_\_\_\_\_ Email \_\_\_\_\_
7. Work Type Other (SOLAR)

Description of the Entire Scope of Work  
INSTALLATION OF SOLAR PANELS ON EXISTING ROOF.  
ALL PENETRATIONS WILL BE LESS THAN 10 SQ. FEET.

8. I, NARESH MAHANGU, have conducted an asbestos investigation on  
*Name of Certified Asbestos Investigator*  
05/29/2023 2:30PM-3:00PM 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: 2918 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     | VENTS                        | FLASHING                                       | 0                          | Yes              | Yes         | 3           |             | No     | c                     |
| Basement | INTERIOR WALL BY MSP         | BRICK/ CEMENTITIOUS/ PLYWOOD                   | 0                          | Yes              | Yes         | 200         |             | 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

NARESH MAHANGU 7/31/2023 145571 9/8/2024  
*DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date*

Tel. # (718) 744-4661 Fax # \_\_\_\_\_

Email info@nybuildingassociates.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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|               |                            |                              |   |     |     |      |  |    |   |
|---------------|----------------------------|------------------------------|---|-----|-----|------|--|----|---|
| Basement      | INTERIOR WALL BY MSP       | BRICK/ CEMENTITIOUS/ PLYWOOD | 0 | Yes | Yes | 1    |  | No | b |
| Roof          | CHIMNEY                    | FLASHING                     | 0 | Yes | Yes | 5    |  | No | c |
| Outside Space | RIGHT SIDE EXTERIOR FACADE | BRICK/ CEMENTITIOUS          | 0 | Yes | Yes | 1860 |  | No | c |
| Outside Space | RIGHT SIDE EXTERIOR FACADE | BRICK/ CEMENTITIOUS          | 0 | Yes | Yes | 2    |  | No | b |
| Roof          | SKYLIGHT                   | FLASHING                     | 0 | Yes | Yes | 6    |  | No | c |
| Roof          | SURFACE MEMBRANE           | ROOFING MEMBRANE             | 0 | Yes | Yes | 7    |  | No | b |
| Roof          | SURFACE MEMBRANE           | ROOFING MEMBRANE             | 0 | Yes | Yes | 830  |  | No | c |
| Roof          | HATCH                      | FLASHING                     | 0 | Yes | Yes | 4    |  | No | c |

10. ANALYTICAL LABORATORY:

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

11. NYS DOL Asbestos Handling license # 269836 Company Name NY Building Associates Inc.

12. Comment

PHOTOS TAKEN.

WARNING: IF DURING DEMOLITION/CONSTRUCTION, A SUSPECT ASBESTOS CONTAINING MATERIAL (ACM) IS OBSERVED IN A HIDDEN SPACE, IMMEDIATELY STOP ANY ACTIVITY AROUND IT AND CALL THE NYC DEP ASBESTOS INVESTIGATOR.

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SEAL  
OF THE  
NYC DEP  
CERTIFIED  
ASBESTOS  
INVESTIGATOR



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