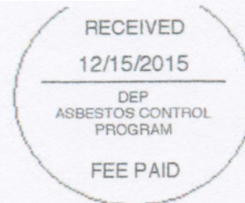




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3218748**

2. Premise No. 21 Street Name SEBA AVE Borough Brooklyn Zip 11229

3. AKA _____ Type of Facility Residence BIN 3248994 Block 08866 Lot 1468

4. Building Owner RONALD BARONE Address 21 SEBA AVE

5. City BROOKLYN State NY Zip 11229 Contact Person MICHAEL MINNITTI

6. Tel. # (848) 702-8176 Fax # _____ Email _____

7. Description of the Entire Scope of Work
FILE INSTALLATION OF SOLAR ELECTRIC PANELS ON ROOF ONLY. NO CHANGE IN USE, EGRESS, OR OCCUPANCY. PHOTOS TAKEN.

8. I, CHRISTOPHER GERMANO, have conducted an asbestos investigation on
12/14/2015 3:30PM-4:00PM in accordance
12/14/2015 3:30PM-4:00PM with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

☐ a. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).

☒ 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: 4996 sq. ft. linear ft.
Specify locations (attach additional documents as necessary):
ROOF ROOFING MATERIALS 1,498 SQFT. 1ST FL ROOF OVERHANG ROOFING MATERIALS 400 SQFT. CEL, FL 1 & 2 WALLS ALL BUILDING MATERIALS 3,098 SQFT.

☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
ROOF	ROOF	ROOFING MATERIALS 1,500 SQFT.	0	Yes	Yes
1ST	ROOF OVERHANG	ROOFING MATERIALS 400 SQFT.	0	Yes	Yes
CEL, 1ST & 2ND	WALLS	ALL BUILDING MATERIALS 3,100 SQFT.	0	Yes	Yes

I hereby declare the information provided herein is true and complete

CHRISTOPHER GERMANO 12/15/2015 128025 1/18/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (631) 356-3170 Fax # _____

Email suffolkcop@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.



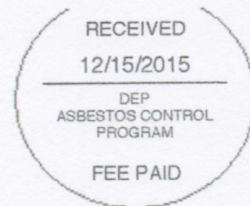
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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ASBESTOS ASSESSMENT REPORT



10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 67838 Company Name Ace Inspections, inc.

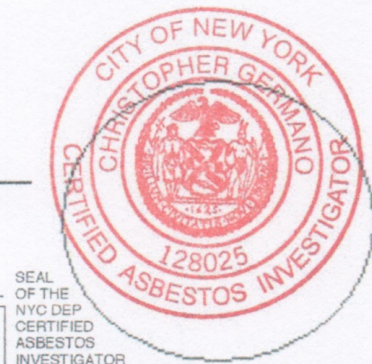
I hereby declare the information provided herein is true and complete

CHRISTOPHER GERMANO 12/15/2015 128025 1/18/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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