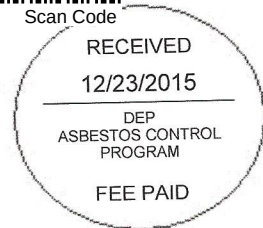




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Control Number: 3220090

1. NYC DOB Job # (if applicable) _____
2. Premise No. 433 Street Name 4 Street Borough Brooklyn Zip 11215
3. AKA _____ Type of Facility _____ BIN 3021151 Block 00983 Lot 0053
4. Building Owner Louisa Ruby Address 433 4th Street
5. City Brooklyn State NY Zip 11215 Contact Person Louisa Ruby
6. Tel. # (718) 499-7350 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Installation of Solar Panel

8. I, FRANCIS OWOH, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/19/2015 9:45AM-10:00AM 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. 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: 8500 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Roof and Exterior Penetration = 4SF
☐ 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	Roof Not Accessible	0	Yes	Yes
Exterior	Exterior	Behind Siding Not Accessible	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

FRANCIS OWOH 12/23/2015 115733 9/26/2017
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
Tel. # (718) 390-0914 Fax # (718) 390-0915
Email franowoh@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 DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



Is it a Build-It-Back project? ☐ Yes, App ID # _____

☒ No



25231778



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
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11. NYS DOL Asbestos Handling license # 28936 Company Name Safety Environmental Company of New York, Inc.

I hereby declare the information provided herein is true and complete

FRANCIS OWOH 12/23/2015 115733 9/26/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 390-0914 Fax # (718) 390-0915
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Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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