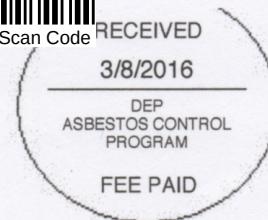




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 3230802

2. Premise No. 8902 Street Name FLATLANDS AVE Borough Brooklyn Zip 11236

3. AKA _____ Type of Facility Residence BIN 3254726 Block 08026 Lot 0036

4. Building Owner JOCELYNE FRANCOIS Address 8902 FLATLANDS AVE

5. City BROOKLYN State NY Zip 11236 Contact Person JOCELYNE FRANCOIS

6. Tel. # (718) 968-9261 Fax # _____ Email _____

7. Description of the Entire Scope of Work

FILE INSTALLATION OF SOLAR ELECTRIC PANELS AT ROOF ONLY. PHOTOS TAKEN.

8. I, RICHARD MURDISON, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

03/08/2016 9:30AM-10:30AM

Date(s)

in accordance

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: 3277 sq. ft _____ linear ft.

Specify locations (attach additional documents as necessary):

EXT WALL CEMENTITIOUS 231 SQ FT EXT WALL SIDING 2087 SQ FT ROOF SHINGLE 959 SQ FT

- ☐ 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
1	EXT WALL	CEMENTITIOUS 232 SQ FT	0	Yes	Yes
1	EXT WALL	SIDING 2088 SQ FT	0	Yes	Yes
ROOF	ROOF	SHINGLE 960 SQ FT	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

RICHARD MURDISON 3/8/2016 114015 5/15/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 984-4315 Fax # _____

Email rmurdison@aol.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



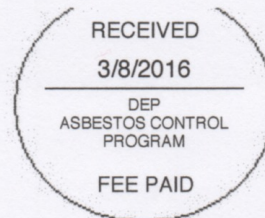
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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



11. NYS DOL Asbestos Handling license # 61090 Company Name Allied Asbestos Services LLC

I hereby declare the information provided herein is true and complete

Richard Murdison

RICHARD MURDISON

3/8/2016

114015

5/15/2017

DEP Certified Asbestos Investigator's Signature

Date

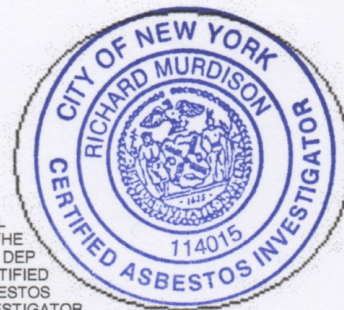
Certificate Number

Expiration Date

Tel. # (516) 984-4315 Fax #

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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



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