



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: 3494002**

2. Premise No. 90 Street Name Glen Street, Borough Brooklyn Zip 11208

3. AKA _____ Type of Facility Residence BIN 3093301 Block 04163 Lot 0015

4. Building Owner Akeela Zaman Address 90 Glen Street

5. City Brooklyn, State NY Zip 11208 Contact Person Akeela Zaman

6. Tel. # (347) 601-8911 Fax # _____ Email _____

7. Description of the Entire Scope of Work

INSTALLATION OF MOUNTING MATERIALS FOR SOLAR PHOTOVOLTAIC ARRAY (1/4" pilot holes per roof mount, qty to vary but never more than 90 (for the largest jobs)). Drilling of 1 1/4" hole through siding/wall near electric service meter /electrical panel to interconnect to customer's electrical service. NO other penetrations will occur on this job.

8. I, MARK NAKHUMOVICH, have conducted an asbestos investigation on _____ 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

10/20/2018 9:00AM-9:15AM Date(s)

- ☐ 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: _____ sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary): _____
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Roof		Roof, Electrical Room	Roofing Materials & siding/wall assumed ACM	0	Yes	Yes

10. ANALYTICAL LABORATORY:

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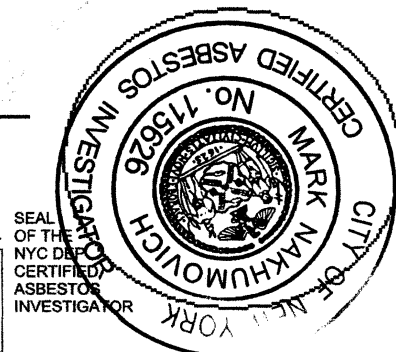
I hereby declare the information provided herein is true and complete

MARK NAKHUMOVICH 10/22/2018 115626 9/4/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 623-9274 Fax # (718) 247-9781

Email mark@alamonys.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, 40 CFR 763.80, 40 CFR 763.85.



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





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11. NYS DOL Asbestos Handling license # 54835 Company Name Alamo Environmental Consulting Inc.

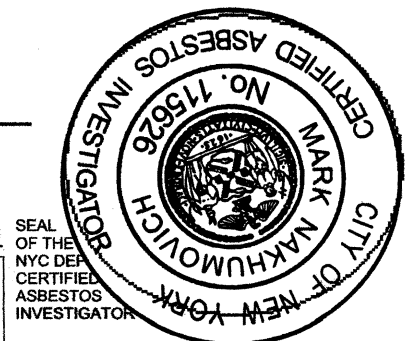
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