



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: 3603021**
2. Premise No. 355 Street Name Grant Ave Borough Brooklyn Zip 11208
3. AKA _____ Type of Facility Residence BIN 3093800 Block 04175 Lot 0029
4. Building Owner Melinda Jimenez Address 355 Grant Ave
5. City Brooklyn State NY Zip 11208 Contact Person David Rastagar
6. Tel. # (516) 343-7999 Fax # _____ Email _____
7. Work Type Other (Solar)

Description of the Entire Scope of Work

Install solar panels on roof. Interior electrical upgrade. As per plans.

8. I, STEVEN ROSENBAUM, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
- 07/03/2019 10:45AM-11:00AM 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. 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: _____ sq. ft _____ 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	Entire	Asphalt Roofing Materials	0	No	Yes	2		No	b
Roof	Entire	Tar	0	No	Yes	2		No	b

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

Steven Rosenbaum

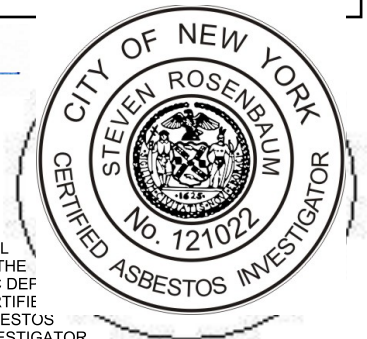
STEVEN ROSENBAUM 7/5/2019 121022 5/10/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 944-5323 Fax # (516) 908-5323

Email inspector@optonline.net

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 DEF
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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Outside Space	Exterior Wall	Brick Mortar	0	No	Yes	2		No	b
Basement	Wall by electric panel	Sheetrock	0	No	Yes	2		No	b

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 36326 Company Name Accredited Lead Inspection, Inc.

12. Comment

If any potential asbestos containing material (PACM) is discovered during renovation or demolition, work should cease and Accredited Environmental should be contacted and the PACM sampled before continuing work.

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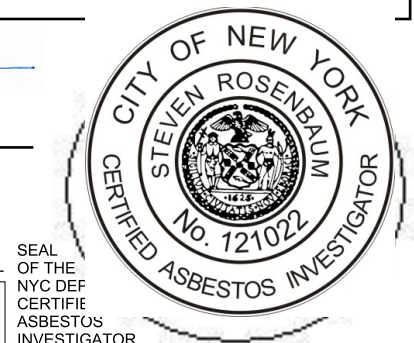
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