



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: 3671998**
2. Premise No. 533 Street Name East 49th Street Borough Brooklyn Zip 11203
3. AKA _____ Type of Facility Other BIN 3103739 Block 04721 Lot 0048
4. Building Owner CARLENE CAREW Address 533 East 49th Street
5. City Brooklyn State NY Zip 11203 Contact Person CARLENE CAREW
6. Tel. # (646) 420-3663 Fax # _____ Email _____
7. Work Type Other (Solar Panel Installation)

Description of the Entire Scope of Work
roof top solar installation and electrical upgrade

8. I, JONATHAN BILLUPS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
- 01/31/2020 4:30PM-5:00PM 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: 15 sq. ft 0 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 Roof	Roof Shingles	0	Yes	Yes	5		No	b
Roof	Entire Roof	Tar	0	Yes	Yes	10		No	c

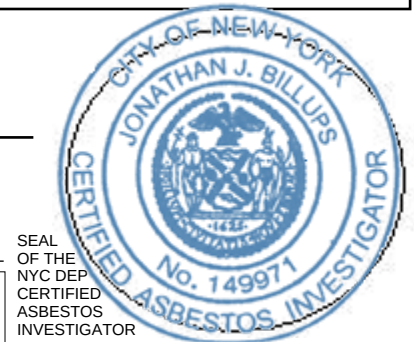
I have advised the Owner / owner's representative / client that the minor project amounts of the confirmed or presumed ACMs shall need to be abated by a NYS DOL Licensed Asbestos Abatement Contractor, and disposed of as asbestos-containing wastes, prior to conducting this renovation project.

I hereby declare the information provided herein is true and complete

JONATHAN BILLUPS 2/3/2020 149971 2/10/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 961-4907 Fax # _____

Email jonathan.billups29@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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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 163107 Company Name LM Environmental & Safety Inc.

12. Comment

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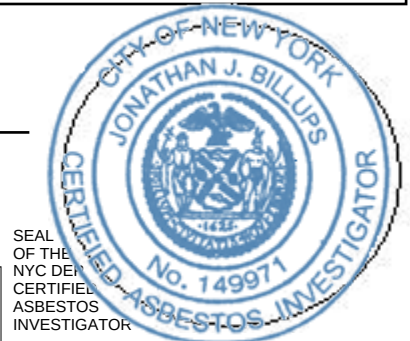
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