



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: 3671698**

2. Premise No. 9911 Street Name Avenue L Borough Brooklyn Zip 11236

3. AKA Same Type of Facility Residence BIN 3231950 Block 08245 Lot 0007

4. Building Owner Roger McCallum Address 9911 Avenue L

5. City Brooklyn State NY Zip 11236 Contact Person F Wika

6. Tel. # (908) 668-9040 Fax # _____ Email fwika@1stle.com

7. Work Type Other (SOLAR)

Description of the Entire Scope of Work

Installation of mounting materials for solar photovoltaic array as per plans filed herewith

8. I, PHILIP TANELLA, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator

09/16/2019 10:30AM-10:45AM _____ 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.
7. ☒ c. asbestos is present and will not be disturbed during construction activity. Specify the quantity and area where asbestos is present. Specify amount: 960 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
Outside Space	1st floor - Southwest elevation - Facade in scope	Brick foundation wall	3	No					

I hereby declare the information provided herein is true and complete

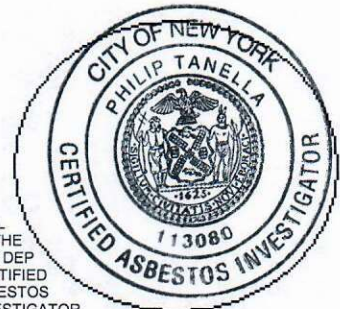
PHILIP TANELLA 1/30/2020 113080 2/11/2021
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 227-7244 Fax # (718) 227-7244

Email pmt1669@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



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Outside Space	Outside Space - 2nd Floor - All elevations ([3] Semi-attached)	Vinyl siding over brick	0	No	No				
Roof	Entire (main roof)	Tar paper membrane and tar flashings	0	Yes	Yes	960		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci New York	11480	9/18/2019

11. NYS DOL Asbestos Handling license # 59193 Company Name A Plus Asbestos Investigation, Inc.

12. Comment

I hereby declare the information provided herein is true and complete

PHILIP TANELLA 1/30/2020 113080 2/11/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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1/30/2020 5:47:29 PM

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