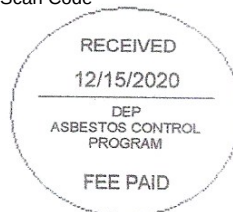


NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3796702**
2. Premise No. 213 Street Name East 8th Street Borough Brooklyn Zip 11218
3. AKA _____ Type of Facility Residence BIN 3124810 Block 05342 Lot 0040
4. Building Owner Eric Rothman Address 213 East 8th Street
5. City Brooklyn State NY Zip 11218 Contact Person Eric
6. Tel. # (917) 627-4596 Fax # _____ Email _____
7. Work Type Other (Solar)

Description of the Entire Scope of Work

Filing to Install Solar Panels at Roof As Per Plans.

8. I, TERRENCE MILLER, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/15/2020 9:30AM-9:45AM 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.
- ☒ c. asbestos is present and will not be disturbed during construction activity. Specify the quantity and area where asbestos is present. Specify amount: 4874 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
Facade-1 to 3	Front Elevation	Brick & Mortar	0	Yes	Yes	660		No	c
Facade-1 to 3	Side Elevation	Brick & Mortar	0	Yes	Yes	3233		No	c

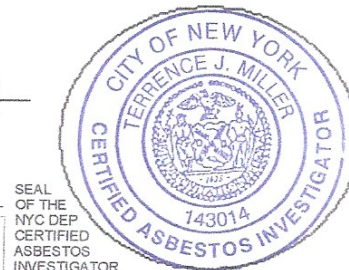
I have advised the Owner / owner's representative / client that the minor project amounts of the confirmed or presumed ACMs shall need to be abated by a NYS DOL Licensed Asbestos Abatement Contractor, and disposed of as asbestos-containing wastes, prior to conducting this renovation project.

I hereby declare the information provided herein is true and complete

TERRENCE MILLER 12/15/2020 143014 7/31/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 763-0450 Fax # _____

Email tmiller@alliedasbestosinspectors.com



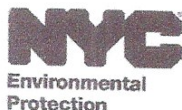
SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Facade-1 to 3	Side Elevation	Brick & Mortar	0	Yes	Yes	1	No	b
Roof	Flat Roof	Tar Membrane	0	Yes	Yes	979	No	c
Roof	Flat Roof	Tar Membrane	0	Yes	Yes	1	No	b

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 35362 Company Name Allied Asbestos Inspectors, Inc.

12. Comment

Photos Taken at Time of Survey.

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

TERRENCE MILLER 12/15/2020 143014 7/31/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 763-0450 Fax # _____

Email tmiller@alliedasbestosinspectors.com

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SEAL
OF THE
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CERTIFIED
ASBESTOS
INVESTIGATOR



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



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