



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: 4042929**

2. Premise No. 86-43 Street Name 258 STREET Borough Queens Zip 11001

3. AKA _____ Type of Facility Residence BIN 4180457 Block 08817 Lot 0013

4. Building Owner TAHIR SYED Address 86-43 258 STREET

5. City FLORA PARK State NY Zip 11001 Contact Person TAHIR SYED

6. Tel. # (718) 935-5889 Fax # _____ Email _____

7. Description of the Entire Scope of Work
PROPOSED NEW ROOFTOP SOLAR PANELS

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

08/23/2012 _____ 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. 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:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
ROOF	NORTH EXPOSURE & NORTH EXTERIOR WALL	SHINGLE, SHEETROCK, WOOD, BRICK, MORTAR, CONCRETE	0	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 41803 Company Name A & A Consulting Engineer, P.C.

I hereby declare the information provided herein is true and complete

SAEED AINECHI 9/19/2012 117469 3/4/2014
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 544-7878 Fax # (718) 544-7884 Email ana1987eng@yahoo.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



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