



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: 4136080
2. Premise No. 16-41 Street Name 154 STREET Borough Queens Zip 11357
3. AKA _____ Type of Facility Residence BIN 4107309 Block 04728 Lot 0122
4. Building Owner ANTONINETTE SALISBURY Address 16-41 154 STREET
5. City QUEENS State NY Zip 11357 Contact Person MARK CHANDERPAUL
6. Tel. # (646) 423-6798 Fax # _____ Email _____
7. Description of the Entire Scope of Work
INSTALLATION OF SOLAR PANEL ON ROOF
8. I, MARTIN AMBROSE, have conducted an asbestos investigation on _____ in accordance with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

Name of Certified Asbestos Investigator

07/12/2014

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
OSP	ROOF	ROOFING	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 29947 Company Name Velmartin Associates Inc.

I hereby declare the information provided herein is true and complete

Martin Ambrose
MARTIN AMBROSE 7/15/2014 116635 12/3/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 342-7686 Fax # (718) 342-7685 Email velmartin@juno.com

SEAL OF THE NYC DEP
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.



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Applicant's Name: MARTIN AMBROSE

Date: 7/15/2014

Facility Address: 16-41 154 STREET, Queens, NY 11357

This is to inform you that the Department has received the following document for the above premises.

Asbestos Assessment Report (ACP5)

Fee Paid: \$47

Credit/Debit Card
Mode of payment

Control Number: 4136080

7/15/2014 8:50:32 PM

ACP5 Filing Receipt 02/2011