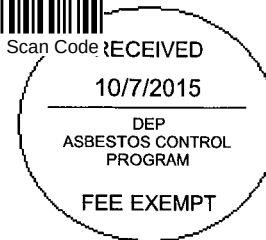




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4208017**

2. Premise No. 36-41 Street Name 28th Street Borough Queens Zip 11106

3. AKA Q204 Type of Facility School BIN 4004156 Block 00343 Lot 0001

4. Building Owner DCAS/Department of Education Address 52 Chambers Street

5. City New York State NY Zip 10007 Contact Person Michael Rivera

6. Tel. # (914) 287-3052 Fax # _____ Email michael.rivera@nypa.gov

7. Description of the Entire Scope of Work

Installation of solar panels and electrical conduits on the roof

8. I, KONRAD DOLINSKI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

09/24/2015 5:00PM-6:00PM

Date(s)

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

- ☒ 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	exterior	brick mortar, tar membrane	6	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
KAM Consultants	11273	9/28/2015

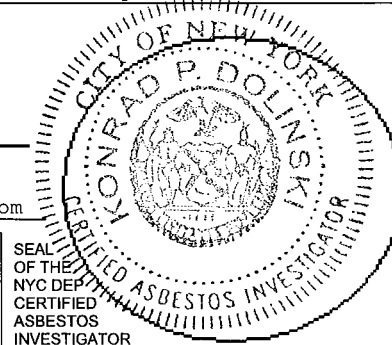
11. NYS DOL Asbestos Handling license # 28659 Company Name KAM Consultants Corporation

I hereby declare the information provided herein is true and complete

KONRAD DOLINSKI 10/7/2015 117441 12/9/2016
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (646) 241-5635 Fax # _____ Email konrad.dolinski@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.



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



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