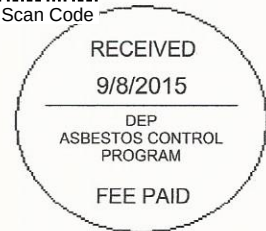




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4203303**

2. Premise No. 58-86 Street Name Maspeth Avenue Borough Queens Zip 11378

3. AKA _____ Type of Facility Residence BIN 4059803 Block 02674 Lot 0001

4. Building Owner Dilon Aldaz Address 58-86 Maspeth Avenue

5. City Maspeth State NY Zip 11378 Contact Person Dilon Aldaz

6. Tel. # (646) 600-0131 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Installation of solar panel

8. I, FRANCIS OWOH, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
08/26/2015 12:15PM-12:30PM 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: 8500 sq. ft _____ linear ft.
 Specify locations (attach additional documents as necessary):
Roof and Exterior Penetration -- 4 SF

☐ 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	Roof	Roof too high -- not accessible	0	Yes	Yes
Exterior	Exterior	Behind siding -- not accessible	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

FRANCIS OWOH 9/8/2015 115733 9/26/2015
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (718) 390-0914 Fax # (718) 390-0915 Email franowoh@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



25214250



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
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11. NYS DOL Asbestos Handling license # 28936 Company Name Safety Environmental Company of New York, Inc.

I hereby declare the information provided herein is true and complete

FRANCIS OWOH 9/8/2015 115733 9/26/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 390-0914 Fax # (718) 390-0915 Email franowoh@gmail.com

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



25214250