



DEPT OF BLDGS 440296680

Job Number



ES544117542

Scan Code RECEIVED

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT

3/15/2016

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 4231934**
2. Premise No. 58-31 Street Name 210TH STREET Borough Queens Zip 11364
3. AKA _____ Type of Facility Residence BIN 4160681 Block 07461 Lot 0114
4. Building Owner HARRY STAFILIAS Address 58-31 210TH STREET
5. City QUEENS State NY Zip 11364 Contact Person HARRY STAFILIAS
6. Tel. # (718) 541-2677 Fax # _____ Email _____
7. Description of the Entire Scope of Work
FILE INSTALLATION OF SOLAR ELECTRIC PANELS AT ROOF ONLY. PHOTOS TAKEN.

8. I, RICHARD MURDISON, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

03/15/2016 1:15PM-2:00PM 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: 3697 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
EXT WALL SIDING 939 SQ FT EXT WALL BRICK/CEMENTITIOUS 1439 SQ FT ROOF SHINGLE 1319 SQ FT
- ☐ 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
1	EXT WALL	BRICK/CEMENTITIOUS 1440 SQ FT	0	Yes	Yes
2	EXT WALL	SIDING 940 SQ FT	0	Yes	Yes
ROOF	ROOF	SHINGLE 1320 SQ FT	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
------	--------------------------------	--------------------------

I hereby declare the information provided herein is true and complete

RICHARD MURDISON 3/15/2016 114015 5/15/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 984-4315 Fax # _____

Email rmurdison@aol.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



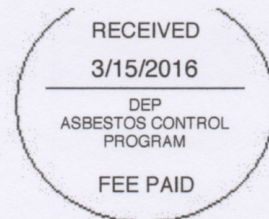
25244291



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



11. NYS DOL Asbestos Handling license # 61090 Company Name Allied Asbestos Services LLC

I hereby declare the information provided herein is true and complete

RICHARD MURDISON

3/15/2016

114015

5/15/2017

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

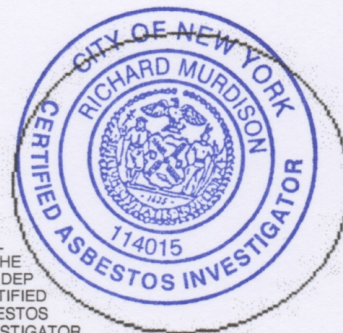
Expiration Date

Tel. # (516) 984-4315 Fax # _____

Email rmurdison@aol.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



25244291