



**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: 4218235**

2. Premise No. 120-56 Street Name 232 Street Borough Queens Zip 11411

3. AKA \_\_\_\_\_ Type of Facility \_\_\_\_\_ BIN 4276297 Block 12816 Lot 0056

4. Building Owner Cynthia Celestine Address 120-56 232 Street

5. City Jamaica State NY Zip 11411 Contact Person Cynthia Celestine

6. Tel. # (718) 949-0093 Fax # \_\_\_\_\_ Email CintyCee@hotmail.com

7. Description of the Entire Scope of Work  
Installation of Solar Panel

8. I, FRANCIS OWOH, have conducted an asbestos investigation on  
12/03/2015 12:45PM-1:00PM 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: 6800 sq. ft \_\_\_\_\_ linear ft.  
 Specify locations (attach additional documents as necessary):  
Roof and Exterior Penetration = 4SF

☐ 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 Not Accessible                                 | 0                          | Yes              | Yes         |
| Exterior | Exterior                  | Concrete Plaster                                    | 2                          | No               |             |

**10. ANALYTICAL LABORATORY:**

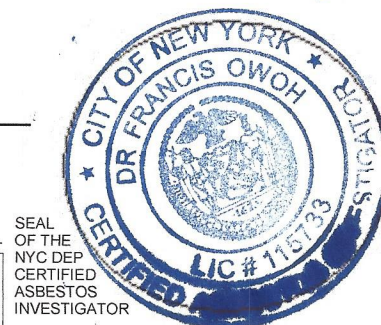
| NAME | ELAP # (NYS DOH CERTIFICATION) | DATE(S) SAMPLES ANALYZED |
|------|--------------------------------|--------------------------|
| LTS  | 10955                          | 12/7/2015                |

I hereby declare the information provided herein is true and complete

FRANCIS OWOH 12/11/2015 115733 9/26/2017  
 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.

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





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11. NYS DOL Asbestos Handling license # 28936 Company Name Safety Environmental Company of New York, Inc.

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SEAL  
OF THE  
NYC DEP  
CERTIFIED  
ASBESTOS  
INVESTIGATOR



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