



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: 4277031**

2. Premise No. 154-20 Street Name 58th Road Borough Queens Zip 11355

3. AKA _____ Type of Facility Residence BIN 4145874 Block 06721 Lot 0034

4. Building Owner Jin Hang Zheng Address 154-20 58th Road

5. City Queens State NY Zip 11355 Contact Person Michael Minnitti

6. Tel. # (848) 702-8174 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Installation of solar panels on roof. No change in use, egress or occupancy.

8. I, WALID ABDULLA, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/12/2016 9:00AM-9:30AM 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: 3566 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Roof (758 sf) and Exterior walls (2808 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	Entire Roof	Asphalt Shingles (758 sf), Flashing Cement (2 sf)	0	Yes	Yes
Cellar, 1st & 2nd	Exterior Walls	Vinyl/Brick/Masonry Siding (2808 sf)	0	Yes	Yes

10. ANALYTICAL LABORATORY:

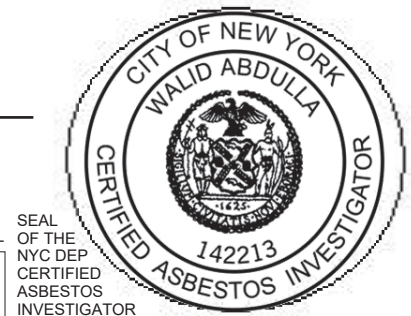
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

WALID ABDULLA Walid Abdulla 12/13/2016 142213 8/23/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 251-0319 Fax # _____

Email parkerwesteng@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 # 88610 Company Name Parker and West Engineering, PLLC

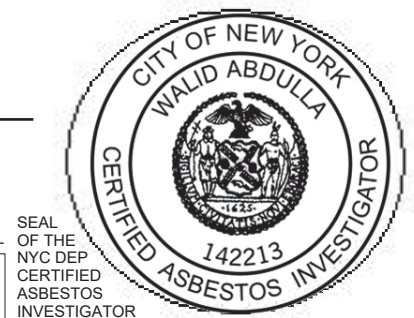
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