



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: 4284335**

2. Premise No. 33-24 Street Name 208 Street Borough Queens Zip 11361

3. AKA _____ Type of Facility Residence BIN 4135528 Block 06092 Lot 0017

4. Building Owner Nathan Chiantella Address 33-24 208 Street

5. City Queens State NY Zip 11361 Contact Person Nathan Chiantella

6. Tel. # (914) 536-2085 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
02/02/2017 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: 5497 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Roof (1017 sf) and Exterior walls (4480 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 (1017 sf), Flashing Cement (2 sf)	0	Yes	Yes
Cellar, 1st & 2nd	Exterior Walls	Siding (4480 sf)	0	Yes	Yes

10. ANALYTICAL LABORATORY:

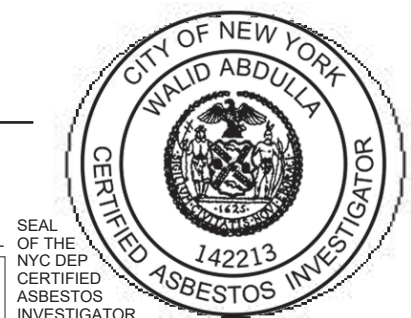
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

WALID ABDULLA 2/3/2017 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

I hereby declare the information provided herein is true and complete

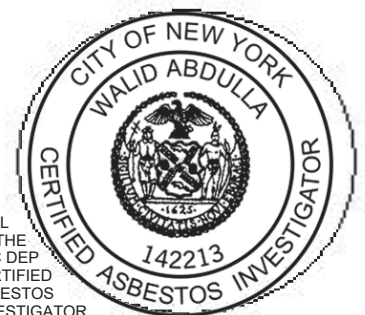
WALID ABDULLA Wali Abdulla 2/3/2017 142213 8/23/2018
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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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