



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: 4285672**

2. Premise No. 244-22 Street Name 88 Avenue Borough Queens Zip 11426

3. AKA _____ Type of Facility Residence BIN 4176230 Block 08638 Lot 0021

4. Building Owner Wai Wong Address 244-22 88 Avenue

5. City Queens State NY Zip 11426 Contact Person Wai Wong

6. Tel. # (917) 204-7237 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
02/12/2017 11:00AM-11:30AM 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: 4207 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Roof (757 sf) and Exterior walls (3450 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 (757 sf), Flashing Cement (2 sf)	0	Yes	Yes
BAS, 1st & 2nd	Exterior Walls	Siding and Brick/Masonry (3450 sf)	0	Yes	Yes

10. ANALYTICAL LABORATORY:

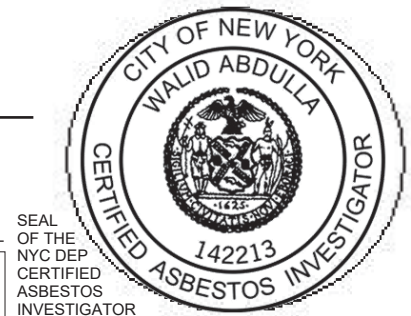
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

WALID ABDULLA Wali Abdulla 2/13/2017 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

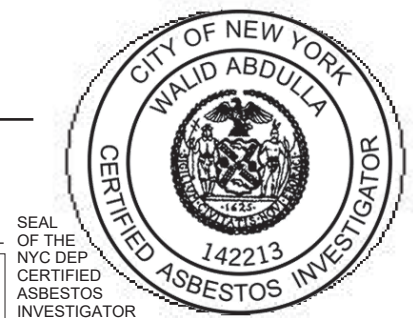
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