



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: 4286364**
2. Premise No. 209-25 Street Name Bardwell Avenue Borough Queens Zip 11429
3. AKA _____ Type of Facility Residence BIN 4239468 Block 11113 Lot 0060
4. Building Owner Leon Henry Address 209-25 Bardwell Avenue
5. City Queens State NY Zip 11429 Contact Person Leon Henry
6. Tel. # (917) 749-2625 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Install solar panels on existing roof, no demo, less than 2 sq ft of 1/2" penetrations into existing roof to mount necessary hardware.

8. I, MARC RUTSTEIN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
- 02/15/2017 5:00PM-5:30PM 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: _____ sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary): _____
- ☐ 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	None (less than 2 sq. ft of 1/2" holes to be penetrated).	0	No	Yes

10. ANALYTICAL LABORATORY:

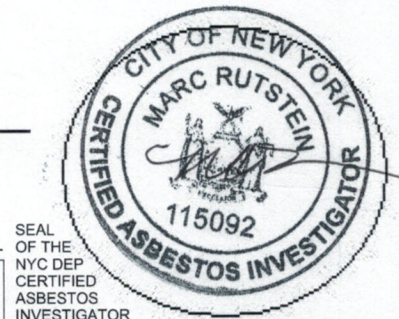
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

MARC RUTSTEIN 2/16/2017 115092 5/14/2017
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (845) 638-0640 Fax # _____Email marc.rutstein@ecmsny.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

25301319



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11. NYS DOL Asbestos Handling license # 34543 Company Name Ecological Consulting and Management Services, Inc

I hereby declare the information provided herein is true and complete

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DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
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