



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: 4348410**

2. Premise No. 119-42 Street Name 235 STREET Borough Queens Zip 11411

3. AKA _____ Type of Facility Residence BIN 4275838 Block 12794 Lot 0156

4. Building Owner VICTORIA ONIFIDE Address 119-42 235 STREET

5. City QUEENS State NY Zip 11411 Contact Person DAVID RASTEGAR

6. Tel. # (929) 575-7500 Fax # _____ Email _____

7. Description of the Entire Scope of Work
INSTALLATION OF SOLAR PANELS ON EXISTING ROOF.

8. I, NARESH MAHANGU, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

10/07/2017 12:00PM-12:45PM 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: 2301 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
ROOF, EXTERIOR FACADE

☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Roof		ENTIRE	ASPHALT/SHINGLES	0	Yes	Yes
Roof		ENTIRE	TAR PAPER	0	Yes	Yes
Outside Space		NORTH FACING EXTERIOR WALL	VINYL SIDING	0	Yes	Yes
Outside Space		NORTH FACING EXTERIOR WALL	BRICK	0	No	No

I hereby declare the information provided herein is true and complete

NARESH MAHANGU 11/2/2017 145571 9/8/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (929) 575-7500 Fax # (516) 210-0141

Email info@nybuildingassociates.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, 40 CFR 763.80, 40 CFR 763.85.

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



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 97284 Company Name NY Building Associates Inc.

I hereby declare the information provided herein is true and complete

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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