



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: 4377790**
2. Premise No. 1675 Street Name NORMAN STREET Borough Queens Zip 11385
3. AKA _____ Type of Facility Residence BIN 4085708 Block 03553 Lot 0065
4. Building Owner LA PLANTE SKIP Address 1675 NORMAN STREET
5. City RIDGEWOOD State NY Zip 11385 Contact Person LA PLANTE SKIP
6. Tel. # (212) 226-1558 Fax # _____ Email octobertwelve1582@yahoo.com
7. Description of the Entire Scope of Work
PROPOSED ROOFTOP SOLAR PANELS

8. I, SAEED AINECHI, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator
01/08/2018 3:00PM-4:00PM 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:

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	MORTAR, VINYL SIDING, STONE/MORTAR, WOOD	0	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 41803 Company Name A & A Consulting Engineer, P.C.

I hereby declare the information provided herein is true and complete

SAEED AINECHI 1/10/2018 117469 3/4/2018
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (718) 544-7878 Fax # (718) 544-7884

Email anal987eng@yahoo.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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