



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: 4393451**

2. Premise No. 84-09 Street Name 118th Street Borough Queens Zip 11415

3. AKA _____ Type of Facility Residence BIN 4192906 Block 09234 Lot 0055

4. Building Owner Ahluwalia, Inderpaul Address 84-09 118th Street

5. City Queens State NY Zip 11415 Contact Person James Dudas

6. Tel. # (732) 861-7664 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

04/17/2018 3:00PM-3:30PM 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: 5302 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Roof (1078 sf) and Exterior walls (4224 sf).

☐ 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 Roof	Asphalt Shingles (1078 sf), Flashing Cement (2 sf)	0	Yes	Yes
Building Floors	1 to 2	Exterior Walls	Stucco and Siding (4224 sf)	0	Yes	Yes

10. ANALYTICAL LABORATORY:

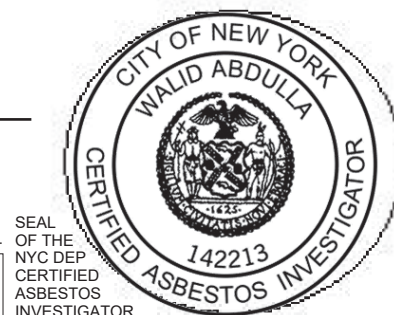
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

WALID ABDULLA 4/18/2018 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, 40 CFR 763.80, 40 CFR 763.85.

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

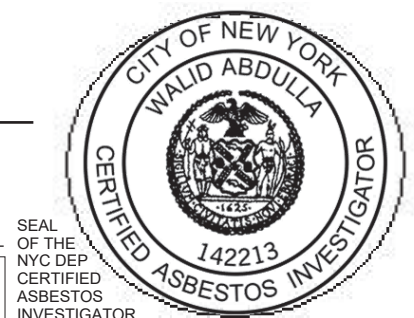
I hereby declare the information provided herein is true and complete

WALID ABDULLA Walid Abdulla 4/18/2018 142213 8/23/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 251-0319 Fax # _____

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