



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: 4364310**

2. Premise No. 233-17 Street Name 131 Avenue Borough Queens Zip 11422

3. AKA _____ Type of Facility Residence BIN 4278087 Block 12912 Lot 1

4. Building Owner Christine Bonsu Address 233-17 131 Avenue

5. City Queens State NY Zip 11422 Contact Person Christine Bonsu

6. Tel. # (347) 351-6924 Fax # _____ Email cbonsu46@gmail.com

7. Description of the Entire Scope of Work
Installation of solar system (on the roof). (Exterior of the house (Exterior Siding, Masonry and Caulking) is not included on this ACP-5, is assumed asbestos and should remain undisturbed. If these materials must be disturbed they should be treated like asbestos.)

8. I, MARY HARTIGAN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/07/2017 11:15AM-11:45AM 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: 401 sq. ft. _____ linear ft.
Specify locations (attach additional documents as necessary):
Roofing Material is assumed asbestos.
- ☐ 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		Proposed Solar System Location Only (405 sq/ft)	Roofing Material	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

MARY HARTIGAN 12/11/2017 120566 12/7/2018
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (914) 494-2285 Fax # _____

Email mhartigan127@aol.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.



SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR

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

Note: There is always a possibility of existing ACM inside the wall, or above the ceiling, or under existing flooring. If any suspected ACM is found, all work should be stopped for reinspection.





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11. NYS DOL Asbestos Handling license # 61539 Company Name Environmental Experts, Inc.

I hereby declare the information provided herein is true and complete

<u>MARY HARTIGAN</u>	<u>12/11/2017</u>	<u>120566</u>	<u>12/7/2018</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

Tel. # (914) 494-2285 Fax # _____

Email mhartigan127@aol.com

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