



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: 4450069**

2. Premise No. 86-30 Street Name 57 AVE Borough Queens Zip 11373

3. AKA _____ Type of Facility Residence BIN 4065143 Block 02870 Lot 0012

4. Building Owner SHIRLEY LAU Address 86-30 57 AVE

5. City FLUSHING State NY Zip 11373 Contact Person SHIRLEY LAU

6. Tel. # (347) 229-4557 Fax # _____ Email _____

7. Description of the Entire Scope of Work
INSTALL NEW ROOF MOUNTED SOLAR PV (PHOTOVOLTAIC) ELECTRICITY GENERATING SYSTEM.

8. I, PAUL REVANS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
07/23/2018 10:45AM-11:15AM 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		ROOF, OPEN SPACE	SUSPECT ACM IN ROOFING MATERIALS LESS THAN 10 SQ FT TO BE DISTURBED.	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 58546 Company Name PMR Industries, Inc.

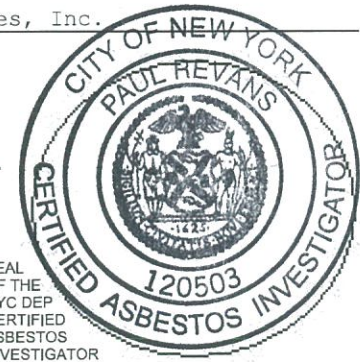
I hereby declare the information provided herein is true and complete

PAUL REVANS 7/26/2018 120503 9/29/2018
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (914) 222-0397 Fax # _____

Email paul@pmricorp.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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