



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: 4588044**  
2. Premise No. 219-17 Street Name 113 Drive Borough Queens Zip 11429  
3. AKA Same Type of Facility Residence BIN 4242241 Block 11235 Lot 0069  
4. Building Owner R Amarh-Adjei Address 219-17 113 Drive  
5. City Queens State NY Zip 11429 Contact Person F Wika  
6. Tel. # (908) 668-9040 Fax # \_\_\_\_\_ Email fwika@1stle.com  
7. Work Type Other (SOLAR)

Description of the Entire Scope of Work

Installation of mounting materials for solar photovoltaic array as per plans filed herewith

8. I, PHILIP TANELLA, have conducted an asbestos investigation on  
*Name of Certified Asbestos Investigator*  
05/16/2019 9:00AM-9:15AM 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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present  
☐ 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: 600 sq. ft 0 linear ft.  
☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

| Floor         | Section of Floor(s) Surveyed                      | Material Assumed to Contain ACM and/or Sampled | Number of Samples Analyzed | Asbestos Present | Assumed ACM | Square Feet | Linear Feet | Abated | Scope of Work Applied |
|---------------|---------------------------------------------------|------------------------------------------------|----------------------------|------------------|-------------|-------------|-------------|--------|-----------------------|
| Outside Space | 1st Floor - Southeast elevation - façade in scope | Brick foundation wall                          | 3                          | No               | No          |             |             |        |                       |

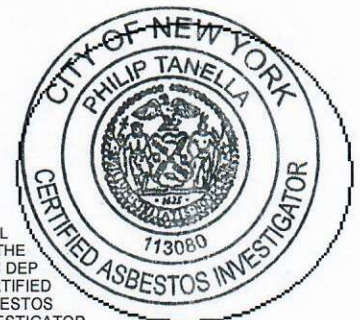
I hereby declare the information provided herein is true and complete

PHILIP TANELLA 6/4/2019 113080 2/11/2021  
*DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date*

Tel. # (718) 227-7244 Fax # (718) 227-7244

Email pmt1669@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.



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





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|      |                    |                                |   |     |     |     |  |    |   |
|------|--------------------|--------------------------------|---|-----|-----|-----|--|----|---|
| Roof | Entire (main roof) | Tar shingles and tar flashings | 0 | Yes | Yes | 600 |  | No | c |
|------|--------------------|--------------------------------|---|-----|-----|-----|--|----|---|

## 10. ANALYTICAL LABORATORY:

| NAME              | ELAP # (NYS DOH CERTIFICATION) | DATE(S) SAMPLES ANALYZED |
|-------------------|--------------------------------|--------------------------|
| AmeriSci New York | 11480                          | 5/22/2019                |

11. NYS DOL Asbestos Handling license # 59193 Company Name A Plus Asbestos Investigation, Inc.

## 12. Comment

I hereby declare the information provided herein is true and complete

PHILIP TANELLA      6/4/2019      113080      2/11/2021  
DEP Certified Asbestos Investigator's Signature      Date      Certificate Number      Expiration Date

Tel. # (718) 227-7244 Fax # (718) 227-7244Email pmt1669@gmail.com

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

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