



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: 4602625**
2. Premise No. 111-39 Street Name 118th St Borough Queens Zip 11420
Solar Panel
3. AKA Installation Type of Facility Residence BIN 4250434 Block 11623 Lot 0048
4. Building Owner Hardut Kampta Address 111-39 118th St
5. City South Ozone Park State NY Zip 11420 Contact Person Hardut Kampta
6. Tel. # (718) 848-8196 Fax # _____ Email _____
7. Work Type Other (Solar Panel Installation)

Description of the Entire Scope of Work
PHOTOVOLTAIC SYSTEM SUMMARY SYSTEM SIZE: 5.32kw DC AND 3.8kw AC EQUIPMENT SUMMARY
13 - HANWHA: Q-CELLS Q.PEAK DUO L-G5.2 385W MODULES
01 - HANWHA: Q-CELLS Q.PEAK DUO-G5 315W MODULES
01 - SOLAREEDGE TECHNOLOGY SE3800H-US INVERTER
14 - SOLAREEDGE POWER OPTIMIZERS P505

8. I, JEFF EZULIKE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
- 07/02/2019 8:30AM-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: _____ sq. ft _____ linear ft.
- ☐ d. entire building is free of asbestos containing material (ACM).

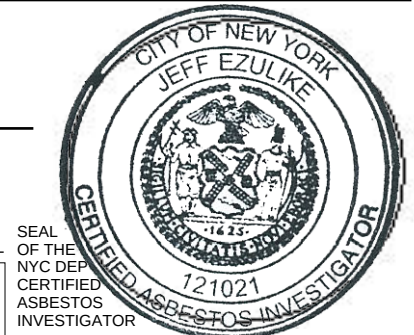
I have advised the Owner / owner's representative / client that the minor project amounts of the confirmed or presumed ACMs shall need to be abated by a NYS DOL Licensed Asbestos Abatement Contractor, and disposed of as asbestos-containing wastes, prior to conducting this renovation project.

I hereby declare the information provided herein is true and complete

JEFF EZULIKE 7/2/2019 121021 8/1/2019
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (646) 837-1675 Fax # _____

Email jeffezulike@savyengineers.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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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
Roof	Roofs 1-5: as per DWG# M-002.00	Asphalt Roofing Membranes	0	No	Yes	6		No	b

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 73875 Company Name SavyMae Corp.

12. Comment

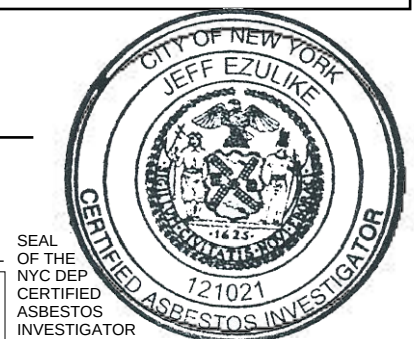
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