



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: 4691630**
2. Premise No. 109-20 Street Name 157TH ST Borough Queens Zip 11433
3. AKA _____ Type of Facility Residence BIN 4263307 Block 12147 Lot 0032
4. Building Owner AKBAR SHARPON Address 109-20 157TH ST
5. City Queens State NY Zip 11433 Contact Person Walid Abdulla
6. Tel. # (917) 251-0319 Fax # _____ Email _____
7. Work Type Other (Solar Panels)

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
- 05/03/2020 8:00AM-8:30AM 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: 3896 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
Roof	Entire Roof	Asphalt Shingles	0	Yes	Yes	870		No	c
Roof	Entire Roof	Flashing Cement	0	Yes	Yes	2		No	c

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.

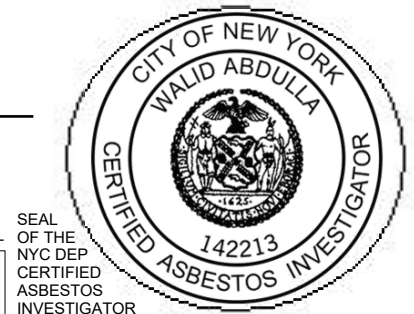
I hereby declare the information provided herein is true and complete

WALID ABDULLA 5/4/2020 142213 8/23/2020
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.



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





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Building Floors-1 to 2	Exterior Walls	Siding	0	Yes	Yes	3024		No	c
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 88610 Company Name Parker and West Engineering, PLLC

12. Comment

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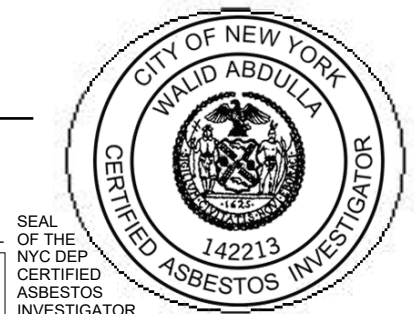
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