



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: 4778906**

2. Premise No. 115-99 Street Name 228th Street Borough Queens Zip 11411

3. AKA _____ Type of Facility Residence BIN 4244069 Block 11310 Lot 0009

4. Building Owner Dorothy Simmons Address 115-99 228th Street

5. City Queens State NY Zip 11411 Contact Person Sol Sahiholamal

6. Tel. # (646) 626-6299 Fax # _____ Email _____

7. Work Type Other (Solar Panels)

Description of the Entire Scope of Work

Installation of Solar Panels at Roof only. Roof inspection only by aerial photos only. Pictures were taken of an existing roof condition at time of inspection. Do to Pandemic entering interior spaces deemed unsafe to my health.

8. I, LATISHA ATWATERS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/12/2020 9:00AM-9:30AM 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: 2500 sq. ft 0 linear ft.
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

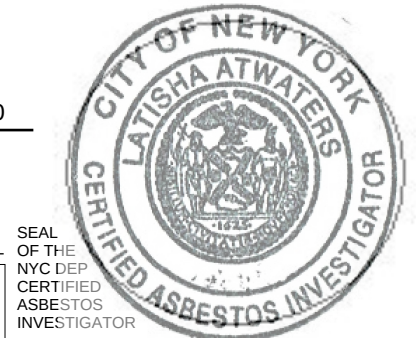
Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Roof	Roof	Flashing, Shingles, Asphalt	0	No	Yes	2500		No	c

I hereby declare the information provided herein is true and complete

LATISHA ATWATERS 10/12/2020 119458 10/31/2020
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (646) 593-2817 Fax # (973) 230-8785

Email ironfoot.asbestos@yahoo.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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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 63059 Company Name Iron Foot Asbestos Investigations

12. Comment

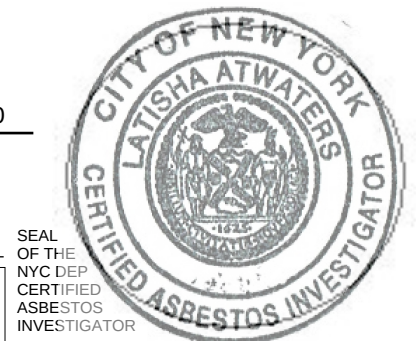
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LATISHA ATWATERS 10/12/2020 119458 10/31/2020
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