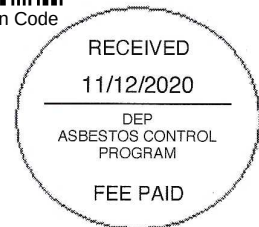




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4792762**

2. Premise No. 32-19 Street Name 106 STREET Borough Queens Zip 11369

3. AKA _____ Type of Facility Residence BIN 4042191 Block 01701 Lot 0101

4. Building Owner CARABALLO CUESTA Address 32-19 106 STREET

5. City QUEENS State NY Zip 11369 Contact Person ISIDRO

6. Tel. # (914) 697-8378 Fax # _____ Email _____

7. Work Type Other (SOLAR)

Description of the Entire Scope of Work

FILE TO INSTALL SOLAR PANELS AT ROOF. PHOTOS TAKEN.

8. I, RICHARD MURDISON, have conducted an asbestos investigation on _____ in accordance
Name of Certified Asbestos Investigator
11/10/2020 7:15AM-7:30AM 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: 4220 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
Facade-1 to 2	WALL	SDING/CEMENTITIOUS	0	Yes	Yes	1		No	b
Facade-1 to 2	WALL	SIDING/CEMENTITIOUS	0	Yes	Yes	3299		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

RICHARD MURDISON 11/12/2020 114015 5/15/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 984-4315 Fax # _____

Email rmurdison@aol.com

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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





NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
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ASBESTOS ASSESSMENT REPORT



Roof	ROOF	SHINGLE	0	Yes	Yes	3		No	b
Roof	ROOF	SHINGLE	0	Yes	Yes	917		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 61090 Company Name Allied Asbestos Services LLC

12. Comment

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

RICHARD MURDISON11/12/20201140155/15/2021

DEP Certified Asbestos Investigator's Signature

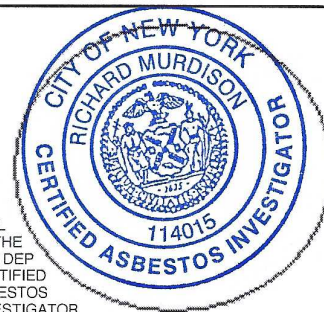
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Expiration Date

Tel. # (516) 984-4315 Fax # _____Email rmurdison@aol.com

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SEAL
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NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

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