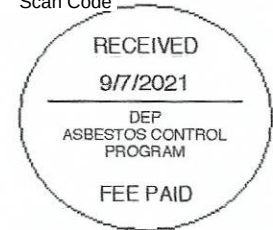




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4868345**
2. Premise No. 107-48 Street Name 121 STREET Borough Queens Zip 11419
3. AKA _____ Type of Facility _____ BIN 4205548 Block 09600 Lot 0032
4. Building Owner CHANDRADAI SING Address 107-48 121 STREET
5. City QUEENS State NY Zip 11419 Contact Person CHANDRADAI SING
6. Tel. # (347) 247-8038 Fax # _____ Email _____
7. Work Type _____

Description of the Entire Scope of Work

Installation of solar panel system on existing roof including brackets and connectors as noted on plans

8. I, ILIAS GKIOUSAS, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

09/04/2021 12:45PM-1:00PM

Date(s)

in accordance

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).

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	at solar panels & piping bolting locations	roofing	0	Yes	Yes	3		No	b

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

ILIAS GKIOUSAS

DEP Certified Asbestos Investigator's Signature

9/7/2021

Date

146589

Certificate Number

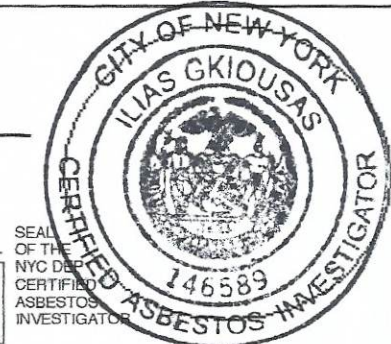
7/19/2023

Expiration Date

Tel. # (347) 381-9380 Fax # _____

Email environmentaleli@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



25910249

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

Facade-1 to 2	at electrical piping & box bolting locations	siding	0	Yes	Yes	2	No	b
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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 # 101236 Company Name Eli Environmental, Inc.

12. Comment

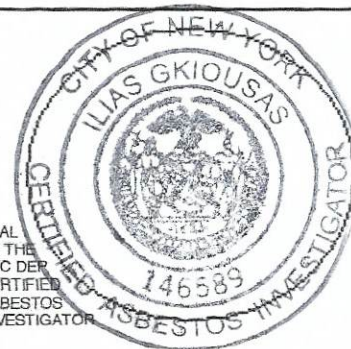
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I hereby declare the information provided herein is true and complete

ILIAS GKIOUSAS 9/7/2021 146589 7/19/2023
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 381-9380 Fax # _____Email environmentaleli@gmail.com

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

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