



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: 4892762**
2. Premise No. 95-26 Street Name CULLODEN PLACE Borough Queens Zip 11416
3. AKA _____ Type of Facility Residence BIN 4187225 Block 09013 Lot 0037
4. Building Owner MD ISLAM Address 95-26 CULLODEN PLACE
5. City QUEENS State NY Zip 11416 Contact Person DAVID RASTEGAR
6. Tel. # (929) 575-7502 Fax # _____ Email _____
7. Work Type Other (SOLAR)

Description of the Entire Scope of Work
INSTALLATION OF SOLAR PANELS ON EXISTING ROOF.

8. I, NARESH MAHANGU, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/07/2021 4:30PM-5:00PM 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: 3102 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	CHIMNEY	FLASHING	0	Yes	Yes	5		No	c
Roof	VENT	FLASHING	0	Yes	Yes	3		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

NARESH MAHANGU 10/8/2021 145571 9/8/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 744-4661 Fax # _____

Email info@nybuildingassociates.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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Outside Space	RIGHT SIDE EXTERIOR FACADE	VINYL SIDING/ CONCRETE	0	Yes	Yes	1580		No	c
Outside Space	RIGHT SIDE EXTERIOR FACADE	VINYL SIDING/ CONCRETE	0	Yes	Yes	2		No	b
Roof	SURFACE MEMBRANE	ROOFING MEMBRANE	0	Yes	Yes	7		No	b
Roof	SURFACE MEMBRANE	ROOFING MEMBRANE	0	Yes	Yes	1300		No	c
Basement	INTERIOR WALL BY MSP	CONCRETE/ SHEETROCK	0	Yes	Yes	200		No	c
Basement	INTERIOR WALL BY MSP	CONCRETE/ SHEETROCK	0	Yes	Yes	1		No	b
Roof	HATCHES	FLASHING	0	Yes	Yes	4		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 269836 Company Name NY Building Associates Inc.

12. Comment
PHOTOS TAKEN.

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