



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



Control Number: 4997289

1. NYC DOB Job # (if applicable) _____
2. Premise No. 146-19 Street Name Linden Blvd Borough Queens Zip 11436
3. AKA _____ Type of Facility Residence BIN 4258870 Block 11963 Lot 0045
4. Building Owner Cherril Baichoo Address 146-19 Linden Blvd
5. City Queens State NY Zip 11436 Contact Person Cherril Baichoo
6. Tel. # (347) 339-4571 Fax # _____ Email _____
7. Work Type _____

Description of the Entire Scope of Work

Installation of roof-mounted solar panels. Electrical equipment scheduled at the left siding.

8. I, GRANT HARTZELL, have conducted an asbestos investigation on _____ in accordance
 Name of Certified Asbestos Investigator
06/20/2022 1:15PM-1:30PM 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: _____ 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	20'x40' Roof	Shingle	0	Yes	Yes	2		No	b
Roof	20'x40' Roof	Felt	0	Yes	Yes	2		No	b

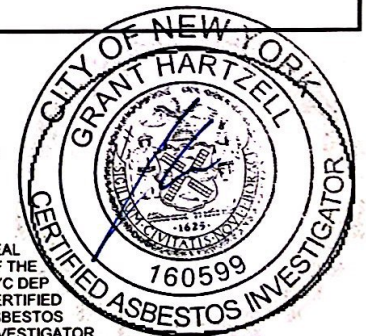
I have advised the Owner / owner's representative / client that the minor project amounts of the confirmed or presumed ACMs shall need to be abated by a NYS DOL Licensed Asbestos Abatement Contractor, and disposed of as asbestos-containing wastes, prior to conducting this renovation project.

I hereby declare the information provided herein is true and complete

GRANT HARTZELL 6/21/2022 160599 8/15/2023
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 680-2740 Fax # _____

Email GHARTZELL@MAYPOLEINSPECTIONS.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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Roof	Roof to Grade (20') Exterior Siding	Concrete Coat	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 # 91253 Company Name Maypole Environmental Inspections, LLC

12. Comment

RESULTS OF ASBESTOS BUILDING SURVEY

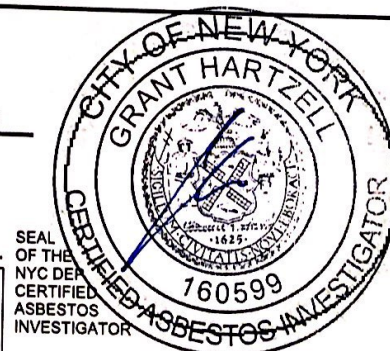
Area	Section of Building Inspected	Material Assessed to Contain ACM and/or Sampled	Number of Samples Collected	Asbestos Present	Assessed ACM	Square Feet	Notes	Remarks

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I hereby declare the information provided herein is true and complete

GRANT HARTZELL
DEP Certified Asbestos Investigator's Signature
6/21/2022
Date
160599
Certificate Number
8/15/2023
Expiration Date
Tel. # (917) 680-2740 Fax #
Email GHARTZELL@MAYPOLEINSPECTIONS.COM

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