



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: 41077839**
2. Premise No. 20-07 Street Name CLINTONVILLE STREET Borough Queens Zip 11357
3. AKA _____ Type of Facility Residence BIN 4107496 Block 04736 Lot 0004
4. Building Owner TERI AS CO-TRUSTEE ANTHONY V Address 20-07 CLINTONVILLE STREET
5. City QUEENS State NY Zip 11357 Contact Person DAVID RASTEGAR
6. Tel. # (646) 626-6299 Fax # _____ Email _____
7. Work Type Other (SOLAR)

Description of the Entire Scope of Work
INSTALLATION OF SOLAR PANELS ON EXISTING ROOF.
ALL PENETRATIONS WILL BE LESS THAN 10 SQ. FEET.

8. I, NARESH MAHANGU, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/29/2022 8:00AM-8:30AM 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: 2987 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	SURFACE MEMBRANE	ROOFING MEMBRANE	0	Yes	Yes	7		No	b
Roof	SURFACE MEMBRANE	ROOFING MEMBRANE	0	Yes	Yes	2090		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 2/2/2023 145571 9/8/2024
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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Roof	HATCH	FLASHING	0	Yes	Yes	4		No	c
Outside Space	FRONT EXTERIOR FACADE	BRICK	0	Yes	Yes	680		No	c
Outside Space	FRONT EXTERIOR FACADE	BRICK	0	Yes	Yes	2		No	b
Roof	VENTS	FLASHING	0	Yes	Yes	3		No	c
Ground Floor	GARAGE WALL BY MSP	CMU WALL/ BRICK	0	Yes	Yes	200		No	c
Ground Floor	GARAGE WALL BY MSP	CMU WALL/ BRICK	0	Yes	Yes	1		No	b

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.

WARNING: IF DURING DEMOLITION/CONSTRUCTION, A SUSPECT ASBESTOS CONTAINING NG MATERIAL (ACM) IS OBSERVED IN A HIDDEN SPACE, IMMEDIATELY STOP ANY ACTIVITY AROUND IT AND CALL NYC DEP ASBESTOS INVESTIGATOR.

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