



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: 41124533

2. Premise No. 132-23 Street Name 157th Street Borough Queens Zip 11434

3. AKA _____ Type of Facility _____ BIN 4266306 Block 12282 Lot 0058

4. Building Owner Babita Degale Address 132-23 157th St

5. City Queens State NY Zip 11434 Contact Person Babita Degale

6. Tel. # (718) 916-1166 Fax # _____ Email _____

7. Work Type _____

Description of the Entire Scope of Work

Installation of roof mounted solar panels. Electrical equipment to be installed on left exterior siding.

8. I, JESSICA BROWN, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

06/08/2023 11:30AM-11:45AM 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: _____ 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	36'x 26' Roof	Shingle	0	Yes	Yes	2		No	b
Roof	36'x 26' 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.

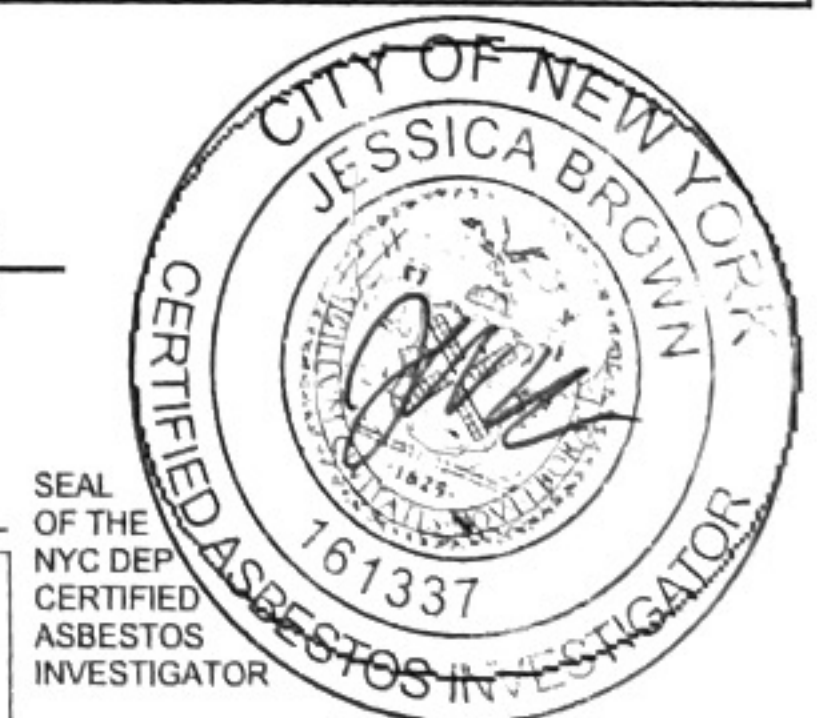
I hereby declare the information provided herein is true and complete

JESSICA BROWN 6/8/2023 161337 6/16/2024
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 327-1545 Fax # _____

Email jbrown9727@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



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Roof	Roof to grade (20') exterior siding	Stucco	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

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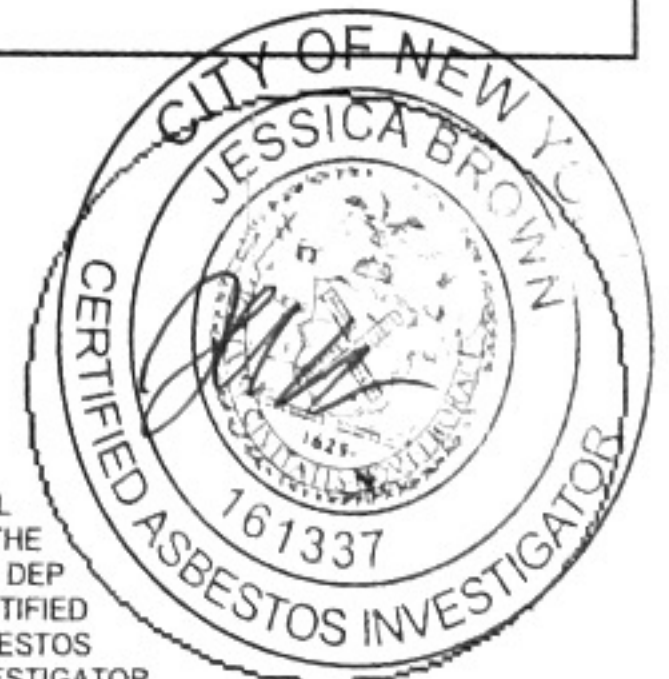
JESSICA BROWN [Signature] 6/8/2023 161337 6/16/2024
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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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