



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



Control Number: 5105359

1. NYC DOB Job # (if applicable) _____
2. Premise No. 240 Street Name Shotwell ave Borough Staten Island Zip 10312
3. AKA Semi-attached home Type of Facility Residence BIN 5075959 Block 05668 Lot 0110
4. Building Owner Guisepina Marzullo Address 240 Shotwell Ave
5. City Staten Island State NY Zip 10312 Contact Person Sea Bright Solar.
6. Tel. # (732) 450-8852 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Install 612sq ft of new solar panels on roof.

8. I, EDWARD LENZO, have conducted an asbestos investigation on
12/06/2013 in accordance
Name of Certified Asbestos Investigator *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. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).
☐ 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.
Specify locations (attach additional documents as necessary): _____
☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Roof	Entire	None. Newer roofing shingles.	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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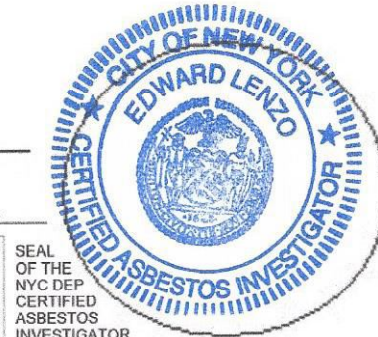
11. NYS DOL Asbestos Handling license # 55043 Company Name E.L. Asbestos Inspections

Edward Lenzo
I hereby declare the information provided herein is true and complete

EDWARD LENZO 12/14/2013 119354 9/1/2014
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 916-7670 Fax # (718) 984-5495 Email elasbestos202@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.



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