



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: 5109315**

2. Premise No. 20 Street Name Summit Place Borough Staten Island Zip 10312

3. AKA Detached home Type of Facility Residence BIN 5080323 Block 06240 Lot 0007

4. Building Owner Daniel Schweitzer Address 20 Summit pl.

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

Installing 576 sq ft of new solar panels on roof.

8. I, EDWARD LENZO, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

01/15/2014

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. 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. New roof.	0	No	No

10. ANALYTICAL LABORATORY:

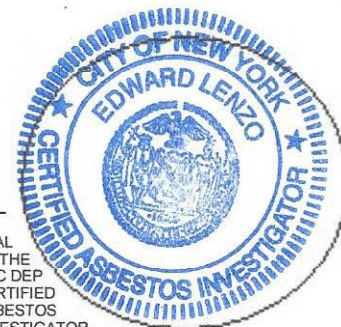
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 55043 Company Name E.L. Asbestos Inspections

I hereby declare the information provided herein is true and complete

EDWARD LENZO 1/19/2014 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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