



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: 5150607**

2. Premise No. 47 Street Name Dewhurst Street Borough Staten Island Zip 10314

3. AKA Same Type of Facility Residence BIN 5034205 Block 01980 Lot 0046

4. Building Owner A Blustein Address 47 Dewhurst Street

5. City Staten Island State NY Zip 10314 Contact Person F Wika

6. Tel. # (908) 668-9040 Fax # _____ Email fwika@1stlightenergy.com

7. Description of the Entire Scope of Work
Installation of mounting materials for solar photovoltaic array as per plans filed herewith

8. I, PHILIP TANELLA, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
09/26/2014 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: 3518 sq. ft _____ linear ft.

Specify locations (attach additional documents as necessary):

Exterior of Building - Ground Floor - All elevations - Façade - Cement asbestos shingles beneath vinyl siding
(1520 square feet: [2] side elevations
324 square feet: front [2nd Floor]
594 square feet: rear [1st & 2nd Floors]
2438 square feet total)

Roof - Entire - Tar shingles and tar flashings (1080 square feet)

- ☐ 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
Exterior of Building - Ground Floor	West elevation - facade in scope	Concrete foundation wall	3	No	No

I hereby declare the information provided herein is true and complete

PHILIP TANELLA 10/11/2014 113080 2/11/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 227-7244 Fax # (718) 227-7244 Email pmt1669@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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Exterior of Building - 1st & 2nd Floors	All elevations - facade	Cement asbestos shingles beneath vinyl siding	0	Yes	Yes
Roof	Entire	Tar shingles and tar flashings	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci New York	11480	10/2/2014

11. NYS DOL Asbestos Handling license # 59193 Company Name A+ Asbestos Investigation, Inc.

I hereby declare the information provided herein is true and complete

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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