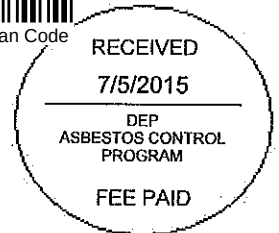




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 5192363**

2. Premise No. 112 Street Name Rivington Avenue Borough Staten Island Zip 10314

3. AKA _____ Type of Facility Residence BIN 5035825 Block 02114 Lot 0106

4. Building Owner Lisa Lewandowski Address 112 Rivington Avenue

5. City Staten Island State NY Zip 10324 Contact Person Lisa Lewandowski

6. Tel. # (718) 494-7587 Fax # _____ Email _____

7. Description of the Entire Scope of Work
 This is a solar PV installation on the roof with no planned changes to use, occupancy or egress. This is a PTA application.

8. I, JEAN RENSINK, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator

06/30/2015 _____ 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
1,2	Partial	Siding, brick, mortar, masonry (<10 SF to be disturbed)	0	Yes	Yes
Roof	Partial	Roofing, flashing, caulking, tar (<10 SF to be disturbed)	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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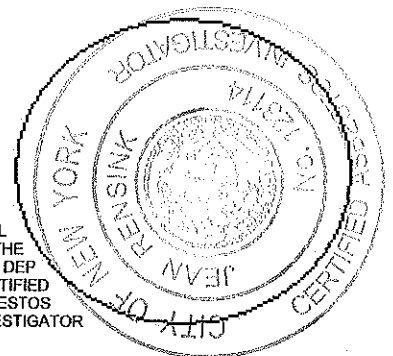
I hereby declare the information provided herein is true and complete

JEAN RENSINK 7/5/2015 123114 5/7/2016
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (845) 782-4443 Fax # _____ Email jeanrensink@aol.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.

SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR



25202739