



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: 51144341**
2. Premise No. 1072 Street Name Rensselaer Ave Borough Staten Island Zip 10309
3. AKA _____ Type of Facility Residence BIN 5085361 Block 06967 Lot 0073
4. Building Owner CHI TONG Address 1072 Rensselaer Ave
5. City Staten Island State NY Zip 10309 Contact Person CHI TONG
6. Tel. # (646) 667-9415 Fax # _____ Email _____
7. Work Type Other (Solar)

Description of the Entire Scope of Work

Installation of solar panel system on existing roof including brackets and connectors as noted on plans.

8. I, ANTHONY RIZVI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

11/04/2023 1:30PM-2:00PM 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	Exterior	Roofing materials	0	No	Yes	4		No	b

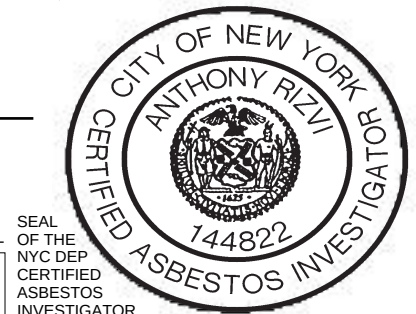
I have advised the Owner / owner's representative / client that the minor project amounts of the confirmed or presumed ACMs shall need to be abated by a NYS DOL Licensed Asbestos Abatement Contractor, and disposed of as asbestos-containing wastes, prior to conducting this renovation project.

I hereby declare the information provided herein is true and complete

ANTHONY RIZVI 11/8/2023 144822 9/24/2024
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 443-8850 Fax # _____

Email nycasbestosacp5@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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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 286720 Company Name Charlesquest LLC

12. Comment

If scope of work were to change, and/or if the owner/owner rep feels suspect materials weren't properly taken please call the investigator for further clarifications. If any suspect materials are uncovered during renovation or demo process, please call us.

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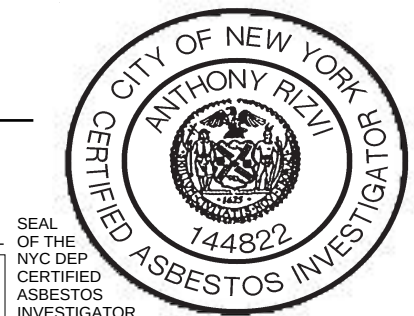
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