



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: 21002359**
2. Premise No. 752 Street Name Vincent Ave. Borough Bronx Zip 10465
3. AKA _____ Type of Facility Residence BIN 2078140 Block 05476 Lot 0053
4. Building Owner Scott Withers Address 752 Vincent Ave.
5. City Bronx State NY Zip 10465 Contact Person Scott Withers
6. Tel. # (718) 753-5662 Fax # _____ Email swit78121@aol.com
7. Work Type Other (Solar Panel Installation)

Description of the Entire Scope of Work

Installation of solar panels on existing roof, no demo, less than 2 sq. ft. of 1/2" penetrations into existing roof to mount necessary hardware.

8. I, MARC RUTSTEIN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
07/25/2022 10:45AM-11:00AM 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	As Per Plans	Shingles	0	Yes	Yes	9		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

MARC RUTSTEIN 7/27/2022 115092 5/14/2023
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
Tel. # (845) 638-0640 Fax # _____
Email marc.rutstein@ecmsny.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



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 # 34543 Company Name Ecological Consulting and Management Services, Inc

12. Comment

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MARC RUTSTEIN 7/27/2022 115092 5/14/2023
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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