



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

320373109

1. NYC DOB Job # (if applicable) _____
 2. Premise No. 37 Street Name st. marks place Borough Brooklyn Zip 11217
 3. AKA _____ Type of Facility _____ BIN 3006014 Block 00389 Lot 0054
 4. Building Owner michael freedman Address 37 st. marks place
 5. City brooklyn State NY Zip 11217 Contact Person bret heilig
 6. Tel. # (718) 354-0560 Fax # _____ Email _____

7. Description of the Entire Scope of Work
rooftop solar installation, supports penetrate roof

8. I, SHAUL SINGER, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
09/08/2011 in accordance
Date

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	solar	roofing	2	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL	11506	9/12/2011

I hereby declare the information provided herein is true and complete

SHAUL SINGER 9/13/2011 120410 11/19/2012
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
 Tel. # (718) 437-9600 Fax # _____ Email esingenv@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.



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