



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: 3253949**

2. Premise No. 770 Street Name Sackman Street Borough Brooklyn Zip 11212

3. AKA _____ Type of Facility Residence BIN 3320186 Block 03856 Lot 0121

4. Building Owner Michael Rodgers Address 770 Sackman Street

5. City Brooklyn State NY Zip 11212 Contact Person Michael Rodgers

6. Tel. # (347) 417-4032 Fax # _____ Email _____

7. 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, RUSSELL GOSS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

07/22/2016 3:00PM-3:15PM 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: 400 sq. ft 0 linear ft.
 Specify locations (attach additional documents as necessary):
Materials beyond surfaces and finishes that were unable to be sampled at time of inspection.
- ☐ 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	Entire roof as per plans.	Felt and Shingles	5	No	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab, Corp.	11999	7/24/2016

11. NYS DOL Asbestos Handling license # 91253 Company Name Maypole Environmental Inspections, LLC

I hereby declare the information provided herein is true and complete

RUSSELL GOSS 7/24/2016 122431 9/22/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 675-2658 Fax # _____

Email russell@maypoleinspections.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

