



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: 3390244**

2. Premise No. 456 Street Name Hendrix Street Borough Brooklyn Zip 11207

3. AKA _____ Type of Facility Residence BIN 3331556 Block 04026 Lot 0130

4. Building Owner Esrine Francis Address 456 Hendrix Street

5. City Brooklyn State NY Zip 11207 Contact Person Esrine Francis

6. Tel. # (917) 691-8279 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

03/26/2018 12:45PM-1:00PM 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. 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:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Facade	1 to 2	East	Brick (40'x22')	0	Yes	Yes
Facade	1 to 2	East	Mortar (40'x22')	0	Yes	Yes
Roof		Entire roof as per plans.	Tar (58'x22')	0	Yes	Yes
Roof		Entire roof as per plans.	Paper (membrane 58'x22')	0	Yes	Yes

I hereby declare the information provided herein is true and complete

RUSSELL GOSS 3/30/2018 122431 9/22/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 634-7417 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, 40 CFR 763.80, 40 CFR 763.85.



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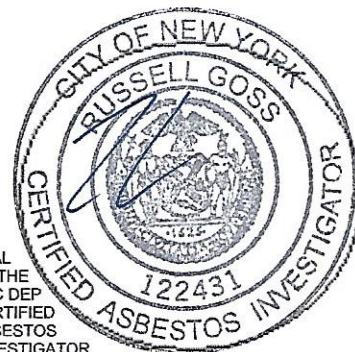
11. NYS DOL Asbestos Handling license # 91253 Company Name Maypole Environmental Inspections, LLC

I hereby declare the information provided herein is true and complete

RUSSELL GOSS 3/30/2018 122431 9/22/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 634-7417 Fax # _____Email russell@maypoleinspections.com

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SEAL
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