



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: 3462755**

2. Premise No. 371 Street Name Sterling Place Borough Brooklyn Zip 11238

3. AKA Same Type of Facility Residence BIN 3029229 Block 01166 Lot 0094

4. Building Owner J Campbell Address 371 Sterling Place

5. City Brooklyn State NY Zip 11238 Contact Person J Campbell

6. Tel. # (917) 836-5661 Fax # _____ Email jeancampbell100@gmail.com

7. Description of the Entire Scope of Work

Installation of mounting materials for solar photovoltaic array as per plans filed herewith

8. I, PHILIP TANELLA, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

08/02/2018 6:45AM-7:00AM

Date(s)

in accordance

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: 960 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Roof - Entire (1st floor and main roof) - Tar membrane and tar flashings
- ☐ 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
Outside Space		1st Floor - Northeast elevation - facade in scope	Stucco over brick foundation wall	3	No	No
Roof		Entire (1st floor and main roof)	Tar membrane and tar flashings	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci New York	11480	8/6/2018

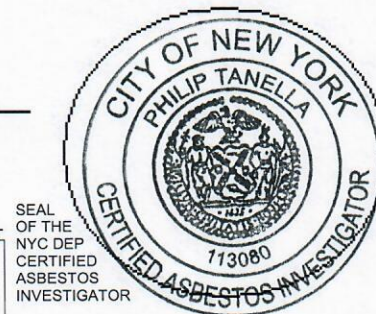
I hereby declare the information provided herein is true and complete

PHILIP TANELLA 8/13/2018 113080 2/11/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 227-7244 Fax # (718) 227-7244

Email pmt1669@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, 40 CFR 763.80, 40 CFR 763.85.



Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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11. NYS DOL Asbestos Handling license # 59193 Company Name A Plus Asbestos Investigation, Inc.

I hereby declare the information provided herein is true and complete

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