



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: 3925663**
2. Premise No. 9015 Street Name Avenue A Borough Brooklyn Zip 11236
3. AKA _____ Type of Facility Residence BIN 3103333 Block 04711 Lot 0003
4. Building Owner Dean St Hillaire Address 9015 Avenue A
5. City BROOKLYN State NY Zip 11236 Contact Person Dean St Hillaire
6. Tel. # (917) 533-6609 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

Installation of solar panels on roof. No change in use, egress or occupancy.

8. I, GREGORY MCCLYMONT, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
- 12/12/2021 8:00AM-8:30AM 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: 4300 sq. ft 0 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
Building Floors-1 to 2	Exterior Walls	Brick/Masonry	0	Yes	Yes	3160		No	c
Roof	Entire roof	Roof Membrane	0	Yes	Yes	1140		No	c

I hereby declare the information provided herein is true and complete

GREGORY MCCLYMONT 1/18/2022 149973 10/15/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 423-3512 Fax # _____

Email GMACASBESTOS@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.

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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 # 136467 Company Name GMAC Asbestos Consulting LLC

12. Comment

I hereby declare the information provided herein is true and complete

GREGORY MCCLYMONT 1/18/2022 149973 10/15/2022
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