



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: 4497817**

2. Premise No. 251-29 Street Name 57th Avenue Borough Queens Zip 11362

3. AKA _____ Type of Facility Residence BIN 4172823 Block 08340 Lot 0058

4. Building Owner Cheng Liang Address 251-29 57th Avenue

5. City Queens State NY Zip 11362 Contact Person Cheng Liang

6. Tel. # (718) 313-2288 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
11/12/2018 12:00PM-12:15PM 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 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
Roof		Entire roof as per plans.	Shingle (52'x37')	0	Yes	Yes
Roof		Entire roof as per plans.	Felt (52'x37')	0	Yes	Yes
Facade	1	Facade	Brick (30'x37')	2	No	No
Facade	1	Facade	Mortar (30'x37')	2	No	No

I hereby declare the information provided herein is true and complete

RUSSELL GOSS 11/13/2018 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
Atlas Environmental Laboratory, Corp	11999	11/12/2018

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 11/13/2018 122431 9/22/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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