



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: 4856176**

2. Premise No. 89-47 Street Name 215th Pl Borough Queens Zip 11427

3. AKA _____ Type of Facility Residence BIN 4228009 Block 10659 Lot 0068

4. Building Owner Latifa Ajmal Address 89-47 215th Pl

5. City Queens State NY Zip 11427 Contact Person Latifa Ajmal

6. Tel. # (917) 680-2185 Fax # _____ Email _____

7. Work Type _____

Description of the Entire Scope of Work

Installation of roof-mounted solar panels as per plan. Electrical equipment at left siding.

8. I, RUSSELL GOSS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
08/17/2021 10:45AM-11:00AM 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: _____ sq. ft _____ 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
Roof	Roof (27'x57') as per plan	Shingles	0	Yes	Yes	2		No	b

I have advised the Owner / owner's representative / client that the minor project amounts of the confirmed or presumed ACMs shall need to be abated by a NYS DOL Licensed Asbestos Abatement Contractor, and disposed of as asbestos-containing wastes, prior to conducting this renovation project.

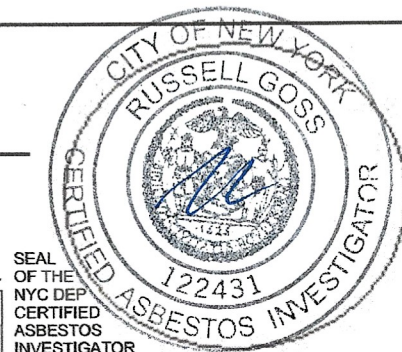
I hereby declare the information provided herein is true and complete

RUSSELL GOSS 8/18/2021 122431 9/22/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 713-0347 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



25897789



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Roof	Roof (27'x57') as per plan	Felt	0	Yes	Yes	2		No	b
Roof	Roof to Grade (25')	Dutch Lap	0	Yes	Yes	1		No	b
Roof	Roof to Grade (25')	Concrete	0	Yes	Yes	1		No	b

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
------	--------------------------------	--------------------------

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

12. Comment

Materials present at front elevation are concrete at grade and Dutch lap at 1st and 2nd floor, not scheduled for work.

I have advised the Owner / owner's representative / client that the minor project amounts of the confirmed or presumed ACMs shall need to be abated by a NYS DOL Licensed Asbestos Abatement Contractor, and disposed of as asbestos-containing wastes, prior to conducting this renovation project.

I hereby declare the information provided herein is true and complete

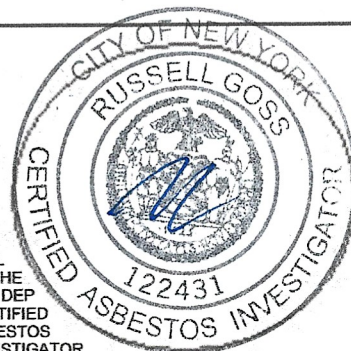
RUSSELL GOSS 8/18/2021 122431 9/22/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 713-0347 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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



25897789