



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



1. NYC DOB Job # (if applicable) _____
2. Premise No. 111 Street Name FREEDOM AVE Borough Staten Island Zip 10314
3. AKA _____ Type of Facility _____ BIN 5109186 Block 02102 Lot 0045
HUNTER RIDGE CO.-RICHMOND
4. Building Owner HEART Address 111 FREEDOM AVE
5. City STATEN ISLAND State NY Zip 10314 Contact Person RONNIE MANDLER
6. Tel. # (516) 429-1739 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Installation of solar panels at roof.

Note: There is allways a possibillty of existing ACM bilow roof, if any suspected ACM is found ALL WORK SHOULD BE REINSPECTION. Total matirial to be disturb can not exceed 10sqft.

8. I, MOR BERGER, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/26/2011 in accordance
Date

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:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Roof	Entire Roof	Shingels	0	No	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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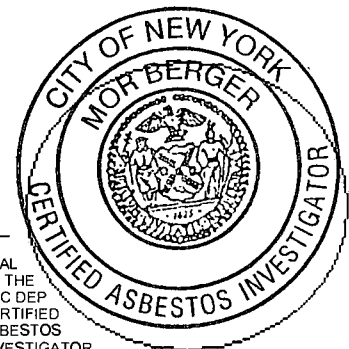
I hereby declare the information provided herein is true and complete

MOR BERGER 10/28/2011 114857 12/2/2013
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 306-3635 Fax # (718) 799-5366 Email bergermor@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.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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