



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: 5099162**

2. Premise No. 30 Street Name Pearl Street Borough Staten Island Zip 10304

3. AKA _____ Type of Facility Residence BIN 5015812 Block 00613 Lot 0112

4. Building Owner Louis Rizzo Address 30 Pearl Street

5. City Staten Island State NY Zip 10304 Contact Person Louis Rizzo

6. Tel. # (718) 490-0057 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Installation of Solar Panel

8. I, FRANCIS OWOH, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/29/2013 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. 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	Roof Top	Roof Shingle	2	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
LTS	10955	10/30/2013

11. NYS DOL Asbestos Handling license # 28936 Company Name Safety Environmental Co. Of New York Inc.

I hereby declare the information provided herein is true and complete

FRANCIS OWOH 10/31/2013 115733 9/26/2015
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 390-0914 Fax # (718) 390-0915 Email franowoh@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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