



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: 5386219**

2. Premise No. 553 Street Name Rathbun ave Borough Staten Island Zip 10312

3. AKA _____ Type of Facility Residence BIN 5081587 Block 06338 Lot 0042

4. Building Owner John Hart Address 553 rathbun ave

5. City Staten island State NY Zip 10312 Contact Person John Hart

6. Tel. # (347) 216-0622 Fax # _____ Email _____

7. 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

03/06/2018 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. 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: 5676 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Roof (1513 sq ft) and exterior walls (4163 sq ft)

☐ 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	Asphalt shingles (1513 sq ft) Flashing cement (2 sq ft)	0	Yes	Yes
Building Floors	1 to 2	exterior walls	Siding and Brick/Masonry (3027 sq ft)	0	Yes	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

GREGORY MCCLYMONT 3/7/2018 149973 10/15/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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

Email greg@venturesolar.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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11. NYS DOL Asbestos Handling license # 105221 Company Name Venture Home Solar, LLC

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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