



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



Control Number: 51135202

1. NYC DOB Job # (if applicable) _____
2. Premise No. 28 Street Name Goodall Street Borough Staten Island Zip 10308
3. AKA _____ Type of Facility _____ BIN 5068270 Block 05307 Lot 0023
4. Building Owner Edwin Rodriguez Address 28 Goodall Street
5. City Staten Island State NY Zip 10308 Contact Person Edwin Rodriguez
6. Tel. # (917) 562-9577 Fax # _____ Email _____
7. Work Type _____

Description of the Entire Scope of Work

Installation of roof mounted solar panels.

Electrical equipment scheduled at right siding.

8. I,
- ARMANDO LOPEZ
- , have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

08/29/2023 4:15PM-4:30PM

Date(s)

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. 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	25'x45' roof	Shingle	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

ARMANDO LOPEZ

DEP Certified Asbestos Investigator's Signature

8/29/2023

Date

162394

Certificate Number

9/22/2025

Expiration Date

Tel. # (917) 539-7831 Fax # _____Email alopez@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

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Roof	25'x45' roof	Felt	0	Yes	Yes	2		No	b
Roof	Roof to grade (25') exterior siding	Lapboard siding	0	Yes	Yes	1		No	b

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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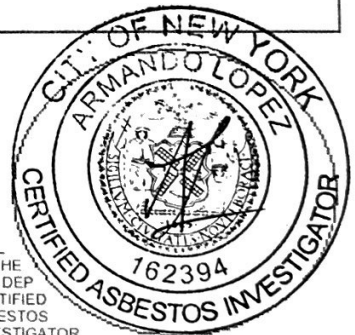
11. NYS DOL Asbestos Handling license # 91253 Company Name Maypole Environmental Inspections, LLC

12. Comment

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ARMANDO LOPEZ 8/29/2023 162394 9/22/2025
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 539-7831 Fax # _____
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