WTC Visual Survey Form BN# 1001217

Premise Address: 15 John Street		
Block: 79 **Lot:** 14	Residential ☐ Commercial ☐ Mix Use ☐ Other ☐ _____	**Name of Building:**
# of Stories:	**AKA's:**	

Building Owner/Management: Telephone Number: ( )
Name: FAX: ( )
Address:

On Site Contact:
Name: Telephone Number: ( )

Building Owner Management Activities

Interior Survey Performed ☐ Yes ☐ No
Exterior Survey Performed ☐ Yes ☐ No
General Clean Up ☐ Yes ☐ No Locations: _____
ACM Clean Up ☐ Yes ☐ No Locations: _____
Air Monitoring ☐ Yes ☐ No Locations: _____

Copies of All Reports and Data Requested ☐ **Yes**

Visual Inspection Results:

Facade:

		Inspected	Debris		
North	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
South	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
East	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
West	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Facade Description:

Roof

Debris: ☒ No Visible /Fine Layer ☐ ½ to 1" ☐ > 1"
Description: _____

Setbacks N/A ☐

Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Comments

Date: 2/20/2002 Inspection by: Name: AP Agency: DEP
Name: _____ Agency: _____