

WTC Visual Survey Form

1001257

Premise Address: <u>111 NASSAU ST.</u>		
Block: <u>90</u>	Residential ☐ Commercial ☐	Name of Building:
Lot: <u>18</u>	Mix Use ☐ Other ☐	
# of Stories:	AKA's:	
Building Owner/Management:		Telephone Number: ()
Name:		FAX: ()
Address:		
On Site Contact:		Telephone Number: <u>(212) 227-4895</u>
Name: <u>Pilades Optical</u>		
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:					
North	☐ N/A	Inspected	☐ Yes ☐ No	Debris	☐ No Visible/Fine Layer
South	☐ N/A		☐ Yes ☐ No		☐ ½ to 1" ☐ > 1"
East	☐ N/A		☐ Yes ☐ No		☐ ½ to 1" ☐ > 1"
West	☐ N/A		☐ Yes ☐ No		☐ ½ to 1" ☐ > 1"
Facade Description: <u>AWNINGS - DEBRIS OBS. @ AWNINGS</u>					
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: 2/19/2002 Inspection by: Name: C.L. Agency: DEP
 Name: _____ Agency: _____