

**ASBESTOS CONTROL PROGRAM
EMERGENCY RESPONSE
DIAGRAM**

NAME <u>CARL LUTCHMEYER</u>	BADGE # <u>A058</u>	DATE <u>2/23/02</u>
LOCATION <u>125 Cedar St</u>		

ROOF

☐ No Visible Debris

☒ Entire Roof Covered with Debris

☐ Partial Roof Covered

☐ Local/Isolated Areas
☐ Gutters
☐ 25% of the roof
☐ 50% of the roof
☐ 75% of the roof

FACADE

☐ Clean

☒ Entire Facade req. Clean-up

☐ _____ Req. Clean-up

North ledge

West East

South Cedar St

Samples A038 - - -

120 Liberty

WTC Visual Survey Form

Gr# 1001040

Premise Address: <u>125 Cedar St</u> <u>120 Liberty</u>		
Block: <u>52</u>	Residential ☒ Commercial ☐	Name of Building:
Lot: <u>21</u>	Mix Use ☐ Other ☐	
# of Stories: <u>6</u>	AKA's: <u>123-125 CEDAR ST / 120-122 Liberty.</u>	
Building Owner/Management:		Telephone Number: ()
Name: <u>None</u>		FAX: () <u>on file</u>
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: <u>Samples were negative</u> 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 South ☐ N/A East ☒ N/A West ☐ N/A Facade Description: _____				Inspected ☒ Yes ☐ No ☒ Yes ☐ No ☐ Yes ☐ No ☒ Yes ☐ No				Debris ☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1" ☐ No Visible/Fine Layer ☒ 1/2 to 1" ☐ > 1" ☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1" ☐ No Visible/Fine Layer ☒ 1/2 to 1" ☐ > 1"			
Roof Debris: ☐ No Visible /Fine Layer ☐ 1/2 to 1" ☒ > 1" Description: <u>Clean up taking place today by Gateway Cleaning</u>											
Setbacks ☐ N/A Floor: _____ Debris: ☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1" Floor: _____ Debris: ☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1" Floor: _____ Debris: ☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1" Floor: _____ Debris: ☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1" Floor: _____ Debris: ☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1"											
Comments _____ _____ _____											

Date: 1/25 2002

Inspection Team: Name: CAE

Name: _____

Agency: DER

Agency: _____