0 West St.

WTC Visual Survey Form

Premise Address: Warren St, Westside Hwy, North End Ave #4

Block: **Lot:**	Residential ☐ Commercial ☐ Mix Use ☐ Other ☐ _____	**Name of Building:** Vacant Lot
# of Stories: 0	**AKA's:**	

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

On Site Contact:
Name: NONE — 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:

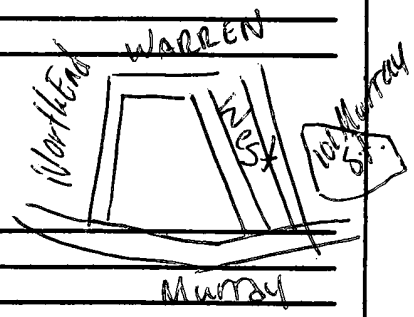
Facade:

		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 No Debris on vacant Lot.

Date: 1/27/2002 — Inspection Team: Name: CARL Agency: DEP
Name: _____ Agency: _____

0 West Street

WTC Visual Survey Form

#3

Premise Address: Murray St + Westside Hwy EPA Tent ~~EPA~~ next to 102 North End Ave

Block: / **Lot:**	**Residential** ☐ **Commercial** ☐ **Mix Use** ☐ **Other** ☒ EPA Tent	**Name of Building:** Salvation Army Tent
# of Stories: 0	**AKA's:**	

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

Address:

On Site Contact:
Name: NOVC **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:

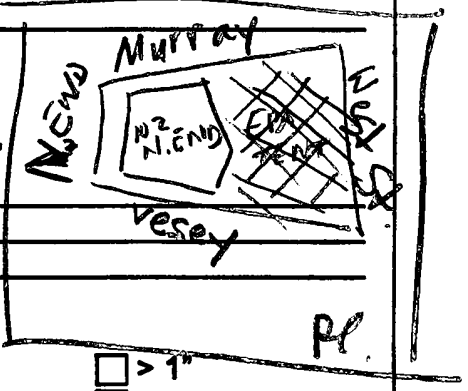
Facade: NA

		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 NA

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 Decontamination station + Food Tent.
No Visible Debris on lot

Date: 1/29/2002 **Inspection Team: Name:** CARL **Agency:** DEP
Name: _____ **Agency:** _____

✓