NYC 9/11 Public Portal Document

EL 758390224 US

REMOVE TO EXPOSE ADHESIVE

PEEL FROM THIS CORNER

NYC DEP
59-17 Junction Blvd.
Corona, NY 11368
(718)DEP-HELP Fax (718)595-4096

Service Request Dispatch Detail

Report Date 03/14/2002 09:19 AM **Submitted By**

78

Service # 418022
Problem BWTC ASBESTOS: WTC (USE COMMENTS)
Address 47 WEST ST 1
10006
Cross Streets JOSEPH P WARD ST
RECTOR ST
Compass Direction
Building ID 10789 **Block** 00017 **Lot** 7501 **CMBD** 101

Location
Area **District**
Sub-Area 101 **Parcel**

# of Calls 2 **Duration of Call** 00:00 **Call Date** 03/07/2002 16:41
Taken By 6407 STRAITZ, ROSEANN
Responsibility BHZ BANHAZMAT (AIR,NOISE,HAZ.MAT) **Priority**
Scheduled Date
Inspector
Due Date
Asset
Avg Insp Duration **Customer Contact Req**
Avg Insp Days 0 **Budget #**
Avg Insp Hrs 0
Avg Insp Mins 0

COMPLETED

Problem Comments PII said that she had taken some samples just after September 11, 2001. it was positive for ACM. She now wanted to know if it was okay to be in her apartment. Since the samples were taken the apartment had been thorougly cleaned by professional cleaners, in addition the HVAC system has been cleaned inside and out. the entire apt. has been painted, floor sanded and varnished. The apartment is not furnished. Based on my observation there was no visible WTC debris in the apt. However, I informed her that even she wanted to have peace of mind, TEM testing can be done. The owner had done random TEM samples (ATC) which were negative.

Initial Caller

Last Name PII **Title**
First Name, MI
Address
PII
City, State/Province, ZIP/PC
Foreign
Day Phone **Evening Phone** **Call Date** 03/07/2002 16:41
Reference #

Caller Comments SUSPECTED ASM DISTURBANCE IN APT

Inspected			Resolution		
By	Date	Time	Code	Date	Time

WTC Visual Survey Form

Premise Address: 47 WEST STREET

Block: **Lot:**	Residential ☐ Commercial ☒ Mix Use ☐ Other ☐ _____	**Name of Building:**
# of Stories: 13	**AKA's:** 47-49 west Street	

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

On Site Contact:
Name: Randal Lawson Telephone Number: PII

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

Comments

Date: 8 / 7 /2002 Inspection Team: Name: RAMNOHAN Agency: DEP.
Name: _____ Agency: _____

ENTERED

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