WTC Visual Survey Form

Premise Address: 47 West St

Block: **Lot:**	**Residential** ☐ **Commercial** ☒ **Mix Use** ☐ **Other** ☐	**Name of Building:**
# of Stories: 2	**AKA's:**	
Building Owner/Management: **Name:** Pier Randall		**Telephone Number:** (212) 269 0757 **FAX:** ( )
Address:		
On Site Contact: **Name:** Security Guard		**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: 1/10/2002 **Inspection Team: Name:** Carl DCP **Agency:** DCP
Name: _____ **Agency:** _____

WTC Visual Survey Form

Premise Address: 47 West St

Block: **Lot:** | Residential ☐ Commercial ☒ Mix Use ☐ Other ☐ | **Name of Building:**

# of Stories: 12 | **AKA's:**

Building Owner/Management:
Name: Mr Randall | **Telephone Number:** (212) 269 0757 **FAX:** ( )

Address:

On Site Contact:
Name: Security Guard | **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: Pockets of debris on roof

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: 1/16/2002 **Inspection Team: Name:** Arc DCP **Agency:** DCP
Name: _____ **Agency:** _____

WTC Visual Survey Form

Premise Address: 74-80 Washington St - Closed

Block: **Lot:**	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 Open Mon - Fri.

Date: 1/16/2002 Inspection Team: Name: CART Agency: DEP
Name: _____ Agency: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE
ASBESTOS AND LEAD CONTROL PROGRAM
59-17 JUNCTION BOULEVARD
CORONA, NY 11368
JOEL A. MIELE, SR., P.E.
COMMISSIONER

BULK
ANALYSIS CHAIN OF CUSTODY

Incident No.: _____ **Date Sampled:** 2/27/02

Premise: 47 WEST/80 WASHINGTON ST **Boro:** MN

Time: 1145 (am)/pm

Inspector: Alphonso Plimpton (Print) _____ (Signature)

Turnaround Time : **Immediate** [X] **24 Hours** [ ] **48 Hours** [ ] **1 Week** [ ]

SAMPLE NUMBER	DESCRIPTION	LOCATION SAMPLED	LAB ID
1. 20227/A010001	Fibrous material	North West Corner of Roof	
2. 20227/A010002	Fibrous material	MIDWEST of roof	
3. 20227/A010003	Fibrous material	middle of the roof	
4. 20227/A010004	Fibrous material	MIDEAST OF ROOF	
5. 20227/A010005	Fibrous material	South (underneath of Air Conditioning unit)	
6.			
7.			
8.			
9.			
10.			

ANALYSIS REQUESTED: **Asbestos PLM** [X] **Asbestos TEM** [ ] **Lead** [ ]

Date	Time	Accepted By	Comments
1.	am / pm	Print / Sign	
2.	am / pm	Print / Sign	
3.	am / pm	Print / Sign	
4.	am / pm	Print / Sign	
5.	am / pm	Print / Sign	

REP ACLP REV 5/00

ENTERED