WTC Visual Survey Form

Premise Address: 100 WILLIAM STREET

Block: 68 **Lot:** 36	**Residential** ☐ **Commercial** ☒ **Mix Use** ☐ **Other** ☐ _____	**Name of Building:**
# of Stories:	**AKA's:**	

Building Owner/Management: **Telephone Number:** (516) 887-8900
Name: LIGHT HOUSE REALTY **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:	FACADES & ROOF
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: 07/16/2002 **Inspection Team: Name:** DA/A020 **Agency:** DEP
Name: **Agency:**

ENTERED

1001116

WTC Visual Survey Form

Premise Address: 100 Williams Street / 72-78 John Street		
Block: 68 **Lot:** 36	**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"
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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: 2 / 16 /2002 **Inspection by: Name:** AP **Agency:** DEP
Name: _____ **Agency:** _____