ASBESTOS INSPECTION REPORT

PREMISE NO.	STREET: 15 PARK ROW					INSPECTION DATE: 1/6 – 2/13/03
DOOR: FACADE	ZIP: 10038	BORO CODE: 1	BLOCK: 90	LOT: 7501	SQUAD #: 1	BADGE #: AD10
INSPECTOR: STEPHENS PLUMPTON	BLDG TYPE: A	BASIS OF INSPECT.: TRU2037MN02				PHOTOS TAKEN: YES (NO)

CONTRACTORS NAME: FIBER CONTROL	SAMPLE NO.
ADDRESS: 3010 BURNS AVE CITY: WANTAGH	SAMPLE NO.
STATE: N.Y ZIP: 11793 PHONE: (516) 781-3000	SAMPLE NO.
LABORATORY NAME: WARREN & PANZER ENGINEERS, PC	OWNERS NAME: J & D. APTS
ADDRESS: 228 E. 45TH ST CITY: N.Y	ADDRESS: 80, Broad St CITY: NYC
STATE: N.Y ZIP: 10017 PHONE: (212) 922-0077	STATE: N.Y ZIP: 10038 PHONE: (212) 493-7000
CONTACT PERSON:	TIME OF INSPECTION FROM: 8 Am am/pm TO: 6 00 am/pm
INSPECTION DISCLOSED:	

The Contractor started Mobilizing on the 6th of January 2003 and started Cleaning up of the facade from the Alley WAY and Ann street. On the 9th of January 2003 the Alley way was Completed and the Contractor moved to the Courtyard.

Later on the Cleanup stopped at different time intervals due to the bad weather.

The Cleanup started back again during the first week of February and the entire Facade Cleanup was Completed on February 13th 2003.

No visible debris observed on the facade after the Cleanup and the Cleanup was Completed.

NOV #	INFRACTIONS	RESULT CODE: 5
NOV #		SUPERVISORS INITIALS:

BORO: 1 = MANHATTAN 2 = BRONX 3 = BROOKLYN 4 = QUEENS 5 = RICHMOND

BLDG TYPE: A > 6 Stories B < 6 Stories C Single Family D School E Hospital F Public Owned Property

RESULT CODES: 1 = Violation Issued 2 = No Violations Issued 3 = No Access 4 = Project not Started (No NOV) 5 = Project Completed (No NOV)

ACP 30/8

FILE

WTC Visual Survey Form

Premise Address: 15 PARK ROW

Block: 90 **Lot:** 7501 | Residential ☐ Commercial ☐ Mix Use ☐ Other ☐ _____ | **Name of Building:**

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

Building Owner/Management:
Name: | **Telephone Number:** ( ) **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:
INTERIOR FACADE HAS DEBRIS ON SOME LEDGES NOT ALL

Roof

Debris: ☐ No Visible /Fine Layer ☒ ½ to 1" ☐ > 1"
Description: NO VISIBLE DEBRIS EXCEPT FOR LOUVERS AT ROOF LEVEL
OWNER TO PERFORM CLEANING

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
RESULT OF INSPECTION REPORTED VIA TELEPHONE FORM COMPLETED BY AOIP

Date: 10/17/2002 **Inspection Team: Name:** DA/AOZD **Agency:** NYCDEP
Name: _____ **Agency:** _____

ENTERED