1000850

WTC Visual Survey Form

Premise Address: 44 Beaver & 42 Beaver.

Block: 29 **Lot:** 73

Residential ☐ Commercial ☐ Mix Use ☐ Other ☒ NYC DOS

Name of Building: DOS.

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

Building Owner/Management: DOS. **Telephone Number:** (718) 334-9100

Name: Director of BBM / Frank Conroy **FAX:** ( )

Address: Beaver # Bldg. Maint.

On Site Contact: Bldg. Mgr.

Name: Carlos Soto **Telephone Number:** (212) 837-8247

Building Owner Management Activities

Interior Survey Performed ☐ Yes ☐ No

Exterior Survey Performed ☐ Yes ☐ No

General Clean Up ☒ Yes ☐ No Locations: Facade wash scheduled in next 2 to 3 weeks

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: Gravel roof debris observed below gravel in several locations. On elevator Motor room roof and inside gutters debris observed.

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: 3/2/2002 Inspection Team: Name: RAMMOHAN Agency: NYC DEP

Name: _____ Agency: _____

WTC Visual Survey Form

Premise Address: 40-44 Beaver St		
Block: **Lot:**	Residential ☐ Commercial ☒ Mix Use ☐ Other ☐ _____	**Name of Building:**
# of Stories:	**AKA's:**	
Building Owner/Management: Name:		Telephone Number: ( ) FAX: ( )
Address:		
On Site Contact: Name: Mr. Carlos Soto (Bldg manager)		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: Cleaned

_____

_____

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: 9/3/2002 Inspection Team: Name: AL Agency: _____
Name: _____ Agency: _____

ENTERED

WTC Visual Survey Form

Premise Address: 42 Beaver St

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

Building Owner/Management: Telephone Number: ( )
Name: 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: 2nd Floor Window ledge

Roof

Debris: ☐ No Visible /Fine Layer ☐ ½ to 1" ☐ > 1"
Description: No Access

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: 8/30/2002

Inspection Team: Name: CAR Agency: _____
Name: _____ Agency: _____

ENTERED