WTC Visual Survey Form

✓

Premise Address: 125 BARCLAY ST

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

Building Owner/Management:
Name: DC 37 Telephone Number: ( )
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: New 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 ENTERED

Date: 5/25/2002 Inspection Team: Name: CAR Agency: _____
Name: _____ Agency: _____

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

TRU 1391M01
Building Dept. or TRU No.
FOR OFFICIAL USE ONLY

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1. $800 (See fee schedule)

NOV 27 2001

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signatures are required. Submittal at the NYCDEP requires one copy of the form with original signatures. This form must be submitted to the NYC DEP not less than one week in advance of the start of abatement activities.

EMERGENCY CR 164/01

I. FACILITY# CT1

2. Address 125 Barclay Street Borough Manhattan Zip 10007

AKA 3. Block 128 4. Lot 26

5. Type of Facility Office Building 6. Name of Building

II. BUILDING OWNER

7. Name District Council 37 8. Contact Person Ralph Pepe

9. Tel. # (212) 367-1124 Fax # (212) 367-1297

10. Address 125 Barclay Street City New York State NY Zip 10007

III. GENERAL CONTRACTOR

11. Name N/A Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Safeway Environmental Corp. 13. Contact Person Don Adler

14. Federal Employer ID. # PII 15. Tel. # (718) 794-4300 Fax # (718) 794-1411

16. Address 1379 Commerce Avenue City Bronx State NY Zip 10461

V. THIRD PARTY AIR MONITOR

17. Name HA Bader Consultants Inc. 18. Contact Person Howard Bader

19. Federal Employer ID. # PII 20. Tel. # (212) 475-4122 Fax # (212) 477-8941

21. Address 88 Bleecker Street City New York State NY Zip 10012

22. Sample Analysis Laboratory EMSL Analytical 23. NYS DOH ELAP # 11506

VI. PROJECT INFORMATION

24. Starting date for this portion of work 11/26/01 Projected completion date 1/31/02

Asbestos work schedule ☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☐ Saturday ☐ Sunday

Shift from: 7 ☑ am ☐ pm to 5 ☐ am ☑ pm

If other, specify

Access to inspect the premises must be provided during the work schedule indicated in this item.

RECEIVED NOV 27 2001 DEP/BANHM ASBESTOS/LEA PROGRAM

25. Total amount of asbestos-containing material to be abated during this work

370 Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

Writ

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Asbestos Transportation Corp. NYS DEC Permit # 1A-371 Tel.# (631) 924-5050

Disposal Site(s) Meadowfill Landfill, Bridgeport, WV 26330

27. This asbestos abatement is part of a (Item a through e requires filing of this form with NYC Department of Buildings)

a) ☐ Demolition b) ☐ Boiler Replacement c) ☐ Sprinkler Replacement d) ☐ Renovation/Alteration

e) ☐ Fireproofing Replacement f) ☑ Other (Describe) Asbestos Abatement / Cleanup

28. TYPE OF ABATEMENT (Check all appropriate boxes)

☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☑ Clean up

29. ABATEMENT PROCEDURE (Check all appropriate boxes)

☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. **LOCATIONS OF ABATEMENT** Tem 1391 Mw01

Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM SQUARE FEET	AMOUNT OF ACM LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
10th floor	North & South MER	Horizontal Surfaces	150	0	Asbestos Abatement
7th floor	North MER	Horizontal Surfaces	70	0	Asbestos Abatement
5th floor	North MER	Horizontal Surfaces	70	0	Asbestos Abatement
3rd floor	South MER	Horizontal Surfaces	80	0	Asbestos Abatement

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

HA Bader Consultants Inc.	Don Adler for Safeway Env Corp.	Don Adler for Safeway Env Corp.
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (if other than Owner)
Signature	Signature	Signature
11/21/01	11/21/01	11/21/01
Date	Date	Date

32. I understand that as the owner of a building where asbestos abatement activity occurs, I am responsible for the performance of the asbestos abatement activities in accordance with the Asbestos Control Program Rules. I have contracted the third party air monitor who is completely independent of all parties involved in the asbestos project. I hereby declare that I have authorized the filing of this notification for the work specified herein.

Print Name of Owner Thomas J. Pepe Thomas Pepe — Signature — 11/21/01 Date

A STAMPED COPY OF THIS FORM INCLUDING AMENDMENTS MUST BE AVAILABLE AT THE WORK SITE.

Any modification of information provided on this form must be reported immediately in writing directly to the NYC DEP ACP.

The requirements of the Asbestos Control Program Rules may not be lawfully avoided or lessened through the performance of work in incremental or piecemeal fashion.

ACP7
2/2001