

# WTC Visual Survey Form

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|                                             |                                                                                   |                                                                              |
|---------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Premise Address:</b><br>89 Broadway      |                                                                                   |                                                                              |
| <b>Block:</b>                               | Residential <input type="checkbox"/> Commercial <input type="checkbox"/>          | <b>Name of Building:</b>                                                     |
| <b>Lot:</b>                                 | Mix Use <input type="checkbox"/> Other <input checked="" type="checkbox"/> Church | TRINITY Church                                                               |
| <b># of Stories:</b>                        | <b>AKA's:</b>                                                                     |                                                                              |
| <b>Building Owner/Management:</b>           |                                                                                   | <b>Telephone Number:</b> (212) 602 0761                                      |
| <b>Name:</b> Mike Bonero                    |                                                                                   | <b>FAX:</b> ( )                                                              |
| <b>Address:</b>                             |                                                                                   |                                                                              |
| <b>On Site Contact:</b>                     |                                                                                   | <b>Telephone Number:</b> ( )                                                 |
| <b>Name:</b> Porter                         |                                                                                   |                                                                              |
| <b>Building Owner Management Activities</b> |                                                                                   |                                                                              |
| Interior Survey Performed                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                          | Info Not Available                                                           |
| Exterior Survey Performed                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                          |                                                                              |
| General Clean Up                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                          |                                                                              |
| ACM Clean Up                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                          |                                                                              |
| Air Monitoring                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                          |                                                                              |
|                                             |                                                                                   | <b>Copies of All Reports and Data Requested</b> <input type="checkbox"/> Yes |

## Visual Inspection Results:

|                                                                                                                                            |                              |                                                                          |                                                           |                                    |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------|-------------------------------|
| <b>Facade:</b>                                                                                                                             |                              |                                                                          |                                                           |                                    |                               |
|                                                                                                                                            |                              | <b>Inspected</b>                                                         | <b>Debris</b>                                             |                                    |                               |
| North                                                                                                                                      | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      | <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> 1/2 to 1" | <input type="checkbox"/> > 1" |
| South                                                                                                                                      | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      | <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> 1/2 to 1" | <input type="checkbox"/> > 1" |
| East                                                                                                                                       | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      | <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> 1/2 to 1" | <input type="checkbox"/> > 1" |
| West                                                                                                                                       | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      | <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> 1/2 to 1" | <input type="checkbox"/> > 1" |
| <b>Facade Description:</b><br><del>Lightest</del>                                                                                          |                              |                                                                          |                                                           |                                    |                               |
| <b>Roof</b>                                                                                                                                |                              |                                                                          |                                                           |                                    |                               |
| <b>Debris:</b> <input checked="" type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> 1/2 to 1" <input type="checkbox"/> > 1" |                              |                                                                          |                                                           |                                    |                               |
| <b>Description:</b> Very Sloped Roof                                                                                                       |                              |                                                                          |                                                           |                                    |                               |
| <b>Setbacks</b> N/A <input checked="" type="checkbox"/>                                                                                    |                              |                                                                          |                                                           |                                    |                               |
| Floor:                                                                                                                                     |                              | <b>Debris:</b> <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> 1/2 to 1"                        | <input type="checkbox"/> > 1"      |                               |
| Floor:                                                                                                                                     |                              | <b>Debris:</b> <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> 1/2 to 1"                        | <input type="checkbox"/> > 1"      |                               |
| Floor:                                                                                                                                     |                              | <b>Debris:</b> <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> 1/2 to 1"                        | <input type="checkbox"/> > 1"      |                               |
| Floor:                                                                                                                                     |                              | <b>Debris:</b> <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> 1/2 to 1"                        | <input type="checkbox"/> > 1"      |                               |
| Floor:                                                                                                                                     |                              | <b>Debris:</b> <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> 1/2 to 1"                        | <input type="checkbox"/> > 1"      |                               |
| <b>Comments</b><br>Adjacent Lot is free of debris                                                                                          |                              |                                                                          |                                                           |                                    |                               |

Date: 1/24/2002

Inspection Team: Name:

CARL LUTCHMEYER

Agency: DCV

Name:

Agency:

## WTC Visual Survey Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Premise Address: <u>89 Broadway</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                      |                                                     |
| Block:<br>Lot:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Residential <input type="checkbox"/> Commercial <input type="checkbox"/><br>Mix Use <input type="checkbox"/> Other <input checked="" type="checkbox"/> <u>Church</u> | Name of Building: <u>TRINITY Church</u>             |
| # of Stories:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AKA's:                                                                                                                                                               |                                                     |
| Building Owner/Management:<br>Name: <u>Mike Bonero</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                      | Telephone Number: <u>(212) 602 0761</u><br>FAX: ( ) |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                      |                                                     |
| On Site Contact:<br>Name: <u>Porter</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                      | Telephone Number: ( )                               |
| <b>Building Owner Management Activities</b><br>Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>General Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: <u>Info Not Available</u><br>ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____<br>Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____ |                                                                                                                                                                      |                                                     |
| Copies of All Reports and Data Requested <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                     |

## Visual Inspection Results:

|                                                                                                                                   |                                                                   |                                                                     |                                                           |                                  |                               |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|-------------------------------|
| <b>Facade:</b>                                                                                                                    |                                                                   |                                                                     |                                                           |                                  |                               |
| North                                                                                                                             | <input type="checkbox"/> N/A                                      | <b>Inspected</b>                                                    | <b>Debris</b>                                             | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| South                                                                                                                             | <input type="checkbox"/> N/A                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| East                                                                                                                              | <input type="checkbox"/> N/A                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| West                                                                                                                              | <input type="checkbox"/> N/A                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| Facade Description: <u>Light dust</u>                                                                                             |                                                                   |                                                                     |                                                           |                                  |                               |
| <b>Roof</b>                                                                                                                       |                                                                   |                                                                     |                                                           |                                  |                               |
| Debris: <input checked="" type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                                                                   |                                                                     |                                                           |                                  |                               |
| Description: <u>Very Sloped Roof</u>                                                                                              |                                                                   |                                                                     |                                                           |                                  |                               |
| <b>Setbacks</b> <input checked="" type="checkbox"/> N/A                                                                           |                                                                   |                                                                     |                                                           |                                  |                               |
| Floor: _____                                                                                                                      | Debris: <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                             |                                  |                               |
| Floor: _____                                                                                                                      | Debris: <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                             |                                  |                               |
| Floor: _____                                                                                                                      | Debris: <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                             |                                  |                               |
| Floor: _____                                                                                                                      | Debris: <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                             |                                  |                               |
| Floor: _____                                                                                                                      | Debris: <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                             |                                  |                               |
| <b>Comments</b> <u>Adjacent Lot is free of debris</u>                                                                             |                                                                   |                                                                     |                                                           |                                  |                               |

Date: 1/24/2002Inspection Team: Name: CARL LUTCHMEYERAgency: DCV

Name: \_\_\_\_\_

Agency: \_\_\_\_\_



**Department of  
Environmental  
Protection**

59-17 Junction Boulevard  
Corona, New York  
11368-5107

**Joel A. Miele Sr., P.E.  
Commissioner**

**Robert C. Avaltroni  
Deputy Commissioner**

**Bureau of  
Environmental Compliance**  
Tel (718) 595-4418  
Fax (718) 595-4422

February 23, 2002

**Subject: 75 BROADWAY  
Trinity Church  
Second Notice**

**Dear Sir/ Madam:**

This is a follow-up to the NYC DEP request for copies of the environmental hazard assessments including bulk sample results and air monitoring results and a summary of clean-up activities at the above referenced site. To date, our office has not received the requested documents and information. They may be faxed to (718) 595-3744 or sent to the NYC DEP Asbestos Control Program at 59-17 Junction Boulevard, 8<sup>th</sup> floor, Corona, New York 11373-5108.

Please be advised building owners are responsible for the cleaning of building exteriors, grounds, and common areas. Due to changing conditions and continued activity at Ground Zero, building owners should periodically assess the condition of building exteriors and air conditioning systems for cleanliness and may have to periodically re-clean areas. Adherence to proper cleaning methods is important for the protection of public health and the environment. DEP inspectors will be following up on this matter.

If you have any questions, you may reach the Department at (718) 595-3682 during office hours or the 24-hour Help Center at (718) DEP-HELP. DEP staff is available to provide guidance and technical assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Radhakrishnan".

**R. Radhakrishnan, P.E.**

**Director**

**Asbestos Control Program**



[www.nyc.gov/dep](http://www.nyc.gov/dep)

(718) DEP-HELP