

WTC VISUAL SURVEY FORM

Premise Address: 46-48 TRINITY Place		
Block:	Residential ☐ Commercial ☒	Name of Building:
Lot:	Mix Use ☐ Other ☐	
# 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	☐ 1/2 to 1"	☐ > 1"
South	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ 1/2 to 1"	☐ > 1"
East	☐ N/A	☒ Yes ☐ No	☐ No Visible/Fine Layer	☒ 1/2 to 1"	☐ > 1"
West	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ 1/2 to 1"	☐ > 1"

Facade Description:

Debris observed at 1st Floor - wooden
portion of facade.

Roof

Debris: ☒ No Visible /Fine Layer ☐ 1/2 to 1" ☐ > 1"

Description: _____

Setbacks N/A ☐

Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ 1/2 to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ 1/2 to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ 1/2 to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ 1/2 to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ 1/2 to 1"	☐ > 1"

Comments

Date: 5/20/2002

Inspection Team: Name: CARL

Agency: _____

Name: _____

Agency: _____

WTC Visual Survey Form

Premise Address: 46-48 Trinity Place		
Block:	Residential ☐ Commercial ☐	Name of Building:
Lot:	Mix Use ☐ Other ☐	
# of Stories: 6	AKA's:	
Building Owner/Management:		Telephone Number: ()
Name:		FAX: ()
Address:		
On Site Contact:		Telephone Number: ()
Name: xlonc		
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:					
North	☐ N/A	Inspected	☐ Yes ☐ No	Debris	☐ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1"
South	☐ N/A	☐ Yes ☐ No	☐ Yes ☐ No	☐ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1"	☐ > 1"
East	☐ N/A	☒ Yes ☐ No	☒ Yes ☐ No	☒ No Visible/Fine Layer ☒ ½ to 1" ☒ > 1"	☒ > 1"
West	☐ N/A	☒ Yes ☐ No	☒ Yes ☐ No	☒ No Visible/Fine Layer ☒ ½ to 1" ☒ > 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 Facade Not Cleaned					

Date: 3/23/2002

Inspection Team: Name: CARL

Agency: _____

Name: _____

Agency: _____

ENTERED

WTC Visual Survey Form

Premise Address: <u>46 Trinity place</u>		
Block:	Residential ☐ Commercial ☐	Name of Building:
Lot:	Mix Use ☐ Other ☐	
# of Stories:	AKA's:	
Building Owner/Management:		Telephone Number: ()
Name: <u>Marolda Properties</u>		FAX: ()
Address:		
On Site Contact:		
Name: <u>Bill Marolda</u>		Telephone Number: (<u>212</u>) <u>480-1122</u>
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: <u>Facades dirty.</u>					
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 <u>2</u>					

Date: 3/22/2002
ENTERED

Inspection Team: Name: RAMMOHAN Agency: DEP.
 Name: _____ Agency: _____