

WTC Visual Survey Form

Premise Address: <u>94 Greenwich St</u>		
Block:	Residential ☒ Commercial ☒ Mix Use ☐ Other ☐	Name of Building:
Lot:		
# of Stories: <u>5</u>	AKA's:	
Building Owner/Management:		Telephone Number: ()
Name:		FAX: ()
Address:		
On Site Contact:		Telephone Number: ()
Name: <u>Super</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: _____					
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>ENTERED</u>					

Date: 8/31/2002Inspection Team: Name: CARL

Agency: _____

Name: _____

Agency: _____

WTC Visual Survey Form

Premise Address: <u>116 Rector St - Closed</u>		
Block: <u>53</u> Lot: <u>41</u>	Residential ☐ Commercial ☒ Mix Use ☐ Other ☐	Name of Building: <u>Liberty Building</u>
# of Stories: <u>4</u>	AKA's: <u>94 Greenwich</u>	
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:		
North ☐ N/A South ☐ N/A East ☐ N/A West ☐ N/A	Inspected ☐ Yes ☐ No ☒ Yes ☐ No ☐ Yes ☐ No ☒ Yes ☐ No	Debris ☐ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1" ☐ No Visible/Fine Layer ☒ ½ to 1" ☐ > 1" ☐ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1" ☐ No Visible/Fine Layer ☒ ½ to 1" ☐ > 1"
Facade Description: _____		
Roof		
Debris: ☒ No Visible/Fine Layer ☐ ½ to 1" ☒ > 1"		
Description: <u>error</u> <u>inspected</u> <u>roof of 105 Washington</u> <u>St</u>		
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: 1/26/2002

Inspection Team: Name: ARL
Name: _____

Agency: DGP
Agency: _____

WTC Visual Survey Form

Premise Address: <u>16 Rector St</u>		
Block:	Residential ☐ Commercial ☐	Name of Building:
Lot:	Mix Use ☐ Other ☐	
# of Stories:	AKA's: <u>94 Greenwich St</u>	
Building Owner/Management:		Telephone Number: ()
Name:		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:					
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"
East	☐ N/A	☐ Yes ☐ No	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1" ☐ > 1"
West	☐ N/A	☐ Yes ☐ No	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1" ☐ > 1"
Facade Description: _____					
Roof					
Debris: ☐ No Visible /Fine Layer ☐ ½ to 1" ☒ > 1"					
Description: _____					
Setbacks ☐ N/A					
Floor: <u>1</u>	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: 1/26/2002Inspection by: Name: CAAEAgency: DCR

Name: _____ Agency: _____

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

TOTAL FEET: 7600 0

ASBESTOS INSPECTION REPORT Basis of Inspection:

FL	SF	LF
RO	7,600	0

ONLY TYPEWRITTEN
APPLICATIONS WILL BE
ACCEPTED

NOTE: ASBESTOS INSPECTION REPORT SHALL BE SUBMITTED
TO NYC DEP NOT LESS THAN ONE WEEK IN ADVANCE
OF START OF THE WORK (ABATEMENT ACTIVITIES)

TRU MN02

FEE EXEMPT: Yes

1. \$0.00

START DATE: 10/18/2002 COMPLETION DATE: 10/19/2002

I. FACILITY

ADDRESS: 94 Greenwich Street BORO: MANHATTAN ZIP:
TYPE OF FACILITY: BLOCK: LOT:

II. BUILDING OWNER

NAME: N/A
TEL #:
ADDRESS: N/A N/A N/A N/A CITY: N/A STATE: N/A ZIP: 11368

IV. ASBESTOS ABATEMENT CONTRACTOR

NAME: TRIO ASBESTOS REMOVAL CORP
TEL #: (718) 961-4100 FEDERAL EMPLOYER IDENTIFICATION #: PII
ADDRESS: 14-20 128TH STREET CITY: COLLEGE POINT STATE: NY ZIP: 11356

V. THIRD PARTY AIR MONITOR

NAME: WARREN & PANZER GROUP
TEL #:
ADDRESS: 228 EAST 45TH STREET CITY: NEW YORK STATE: NY ZIP: 10017

VI. LABORATORY FOR SAMPLE ANALYSIS

NAME: WKP LABORATORIES C/O WARREN & PANZER
NYS ELAP #: 11251

ASBESTOS WORK SCHEDULE ☒ DAY ☒ EVENING ☐ NIGHT ☒ WEEKENDS ☒ WEEKDAYS

INSPECTOR NAME: R. Ramnathan SQUAD #: 1 BADGE #: A018

DATE OF INSPECTION: 10/18/02 - 10/19/02 TIME OF INSPECTION: From: 8 am AM ☐ PM ☐
10/25/02. To: 4:30 pm AM ☐ PM ☐

Contact at site: Ireneusz Wornaczyl & Four Handlers.

Inspection disclosed that the following sections were complied with: (Check all that apply)		
☐ 1-51 - Notifications, Reports, Plan	☐ 1-71 - Air Sampling and Monitoring	☐ 1-91 - Worker Protection
☐ 1-101 - Materials and Equipment	☐ 1-116 - Work Place Preparation	☐ 1-117 - Worker Decontamination System
☐ 1-118 - Waste Decontamination System	☐ 1-126 - Engineering Controls	☐ 1-127 - Entry/Exit Procedures
☐ 1-129 - Maintenance of Barriers	☐ 1-138 - Encapsulation	☐ 1-139 - Enclosure
☐ 1-140 - Glovebag	☐ 1-141 - Tent	☐ 1-137 - ACM Disturbance, Removal, Handling
☐ 1-146 - Preliminary Clean-up	☐ 1-147 - Final Clean-up	
☐ Project not started . Inspection		
revealed all ACM to be intact. New start date: / /		
☐ Project ongoing, expected completion date: / /		
☐ Project completed on or about: / / . All surfaces, including abated surfaces are free of visible ACM and encapsulate		
☐ Follow up necessary on / /		
Samples taken: ☒ No ☐ Yes 1 2 3		
4 5 6 Photos taken: ☐ Yes ☒ No		
Additional comments: 10/18/02: The crew mobilized to the roof and began cleaning the roof and the rear set back. Air Sampling was performed. Roof cleaning was completed.		
10/18/02: The crew began washing the facade on Rector Street using the boom truck and was completed.		
10/19/02: Crew washed the front facade on Greenwich Street using the boom truck. facade cleaning completed.		
I performed the visual inspection on 10/25/02 after my vacation and there was no visible WTC debris observed.		
BORO 1 = MANHATTAN 2 = BRONX 3 = BROOKLYN 4 = QUEENS 5 = STATEN ISLAND		RESULT CODE
RESULT CODES 1 = VIOLATION ISSUED 2 = NO VIOLATION ISSUED 3 = NO ACCESS		5
4 = PROJECT NOT STARTED (NO NOV) 5 = PROJECT COMPLETED (NO NOV)		SUPERVISOR INITIALS