

WTC Visual Survey Form

Premise Address: <u>94 1/2 Greenwich St</u>		
Block:	Residential ☐ Commercial ☐	Name of Building:
Lot:	Mix Use ☐ Other ☐	
# of Stories:	AKA's:	
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 South ☐ N/A East ☐ N/A West ☐ N/A	Inspected		Debris		
	☐ Yes ☐ No	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ 1/2 to 1"	☐ > 1"
	☐ Yes ☐ No	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ 1/2 to 1"	☐ > 1"
	☐ Yes ☐ No	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ 1/2 to 1"	☐ > 1"
Facade Description:					

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

Setbacks N/A ☐					
Floor: <u>1</u>	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: 1/26 /2002

Inspection by: Name: Carol
Name: _____

Agency: PCN
Agency: _____

WTC Visual Survey Form

Premise Address: <u>915 Greenwich St</u>		
Block:	Residential ☐ Commercial ☒	Name of Building:
Lot:	Mix Use ☐ Other ☐	
# of Stories: <u>6</u>	AKA's:	
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:					
		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					

Date: 8/31/2002 **Inspection Team: Name:** CARC **Agency:** _____

Name: _____ **Agency:** _____

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION ASBESTOS INSPECTION REPORT

TOTAL FEET: 7600 0

Basis of Inspection:

FL	SF	LF
RO	27000	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)

FEE EXEMPT: Yes

1. \$0.00

Facade 1920/0.

START DATE: 11/6/02 COMPLETION DATE: 11/10/2002

I. FACILITY

ADDRESS: 94 1/2 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 129TH 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. Ramonohan SQUAD #: 1 BADGE #: A078

DATE OF INSPECTION: 11/06/02 & TIME OF INSPECTION: From: 8 am AM ☒ PM ☐

To: 5 pm AM ☐ PM ☒
Contact at site: Ireneusz Womoczyk, 89339, Celestine Obika, W&P.

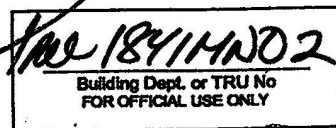
Inspection disclosed that the following sections were complied with: (Check all that apply)		
☐ 1-51 - Notifications, Reports, Plan	☐ 1-71 - Air Sampling and Monitoring	☐ 1-91 - Worker Protection
☐ 1-101 - Materials and Equipment	☐ 1-116 - Work Place Preparation	☐ 1-117 - Worker Decontamination System
☐ 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: The handler supervisor and five handlers began mobilizing setup decon and began cleaning.		
Air sampling was performed on the roof levels.		
At the end of the day the the roof cleaning was completed.		
11/10/02 SUNDAY: The same crew arrived with a manlift and started washing the facade on Greenwich Street after setting up dykes on sidewalks. The facade cleaning was completed at 5 pm.		
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 RL

E-219 WTC



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)



1. NYC DEP
(See fee schedule)

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.

I. FACILITY

2. Address 94 1/2 GREENWICH STREET Borough Manhattan Zip _____
AKA _____ 3. Block _____ 4. Lot _____
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name _____ 8. Contact Person _____
9. Tel. # _____ Fax # _____
10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name TRIO ASBESTOS REMOVAL CORP. 13. Contact Person STEVEN PARMIGIANI
14. Federal Employer ID. # PII 15. Tel. # (718) 961-4100 Fax # (718) 961-4103
16. Address 14-20 129 STREET City COLLEGE POINT State NY Zip 11356

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, P.C. 18. Contact Person MIKE NOLAN
19. Federal Employer ID. # _____ 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
21. Address 228 EAST 45 STREET City NEW YORK State NY Zip 10017
22. Sample Analysis Laboratory WARREN & PANZER ENGINEERS, P.C. 23. NYS DOH ELAP # 11251

VI. PROJECT INFORMATION

24. Starting date for this portion of work 11/07/02 Projected completion date 11/17/02

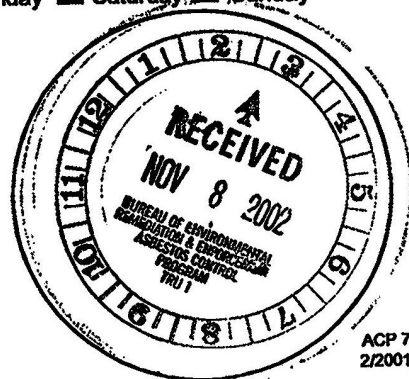
Asbestos work schedule ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday

Shift from: 8:00 ☒ am ☐ pm to 8:00 ☐ am ☒ pm

If other,
specify _____

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

25. Total amount of asbestos-containing material to be abated during this work
1,920 Square Feet, and/or 0 Linear Feet



ASBESTOS INSPECTION REPORT (continued)26. Asbestos Hauler ASBESTOS TRANS. CO. NYS DEC Permit # 1A-371 Tel.# (631) 924-5050Disposal Site(s) IMPERIAL- P.O. 47, 11 BOGGS RD., PA/ SOUTHERN ALLEGHANIES- VALLEYVIEW DR., PA.

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) _____

28. TYPE OF ABATEMENT (Check all appropriate boxes)

- ☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

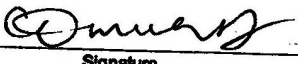
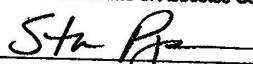
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
ROOF	MAIN & SETBACKS	ASPHALT ROOF	1,920		ITEM # 1
ROOF	FACADE		1,500		ITEM # 7

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.

WARREN & PANZER ENG., P.C. Print Name of Air Monitor  Signature <u>11/07/02</u> Date	TRIO ASBESTOS REMOVAL Print Name of Asbestos Contractor  Signature <u>11-6-02</u> Date	STEVEN PARMIGIANI Print Name of Applicant (If other than Owner)  Signature <u>11-6-02</u> Date
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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.

NYC DEP
 Print Name of Owner


 Signature

11/7/02
 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.