WTC Visual Survey Form

Premise Address: 94 1/2 Greenwich St		
Block: **Lot:**	Residential ☐ Commercial ☐ Mix Use ☐ Other ☐ _____	**Name of Building:**
# 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	☐ 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: 1	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 by: Name: [illegible] Agency: PCM

Name: _____ Agency: _____

WTC Visual Survey Form

Premise Address: 9 & 5 Greenwich St.

Block: **Lot:** 6	Residential ☒ Commercial ☒ Mix Use ☐ Other ☐ _____	**Name of Building:**
# of Stories: 6	**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

ENTERED

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: TRU184MN02

FL	SF	LF
RO	~~7600~~	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: 11/06/2002 COMPLETION DATE: 11/10/2002

I. FACILITY

ADDRESS: 94 1/2 Greenwich Street BORO: MANHATTAN ZIP:

TYPE OFFACILITY: 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: WAREN & 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 & 11/10/02 TIME OF INSPECTION: From: 8 am AM ☒ PM ☐

To: 5 pm AM ☐ PM ☒

Contact at site: Ireneusz Womoczyl, 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 sidewalk. The facade cleaning was completed at 5 pm.

BORO 1 = MANHATTAN 2 = BRONX 3 = BROOKLYN 4 = QUEENS 5 = STATEN ISLAND

RESULT CODES 1 = VIOLATION ISSUED 2 = NO VIOLATION ISSUED 3 = NO ACCESS 4 = PROJECT NOT STARTED (NO NOV) 5 = PROJECT COMPLETED (NO NOV)

RESULT CODE: 5

SUPERVISOR INITIALS: RL

E-219 WTC

EMERGENCY
ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

Voided 184/1MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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.

RECEIVED NOV 8 2002 BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 1

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

1,920 Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler ASBESTOS TRANS. CO. NYS DEC Permit # 1A-371 Tel.# (631) 924-5050

Disposal 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 SQUARE FEET	AMOUNT OF ACM LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
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.	TRIO ASBESTOS REMOVAL	STEVEN PARMIGIANI
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
11/07/02	11-6-02	11-6-02
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.

NYC DEP		11/7/02
Print Name of Owner	Signature	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