WTC Visual Survey Form

CLEANED

Premise Address: 64 FULTON STREET

Block: 76 **Lot:** 1	**Residential** ☐ **Commercial** ☒ **Mix Use** ☐ **Other** ☐ _____	**Name of Building:**
# of Stories:	**AKA's:**	

Building Owner/Management: **Telephone Number:** (212) 964-2000
Name: COUNTRY CLUB RECOVERY **FAX:** ( )
Address: 64 FULTON STREET NY NY

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: 07 / 02 /2002 **Inspection Team: Name:** JA / AO20 **Agency:** NYC DEP
Name: _____ **Agency:** _____

WTC Visual Survey Form 1001176

Premise Address: 64 FULTON STREET

Block: 76 **Lot:** 1	Residential ☐ Commercial ☐ Mix Use ☒ Other ☐ _____	**Name of Building:**
# of Stories: 11	**AKA's:**	

Building Owner/Management Name: WILLIAM HOCKING **Telephone Number:** (212) ~~733~~ 964 2000 **FAX:** ( )

Address: 64 FULTON ST, NY NY 10038.

On Site Contact:
Name: KOFI SIKA, SUPERS. ASST. 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"
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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: 2/15/2002 Inspection Team: Name: D. RAMANAN Agency: DEP
Name: _____ Agency: _____