

**ENVIRONMENTAL
TECHNOLOGIES**
a Division, COLE CONSULTING CORPORATION

Elmsford Executive Park, Building 5
2269 Saw Mill River Road ■ Elmsford, New York 10523
TELEPHONE 914 • 345 • 6000 ■ FACSIMILE 914 • 345 • 0045

February 19th, 2003

Mr. Andrew Confortini
EPA Quad B Leader
USEPA, 17TH Floor
290 Broadway
New York, NY. 10007-1866

Re: WTC HVAC Report for 118 Chambers Street

Confirmation #002250660196

Date of Inspection : 2/12/03

Dear Mr. Confortini,

According to visual inspection conducted by our HVAC Specialist Duct Dusters Air Duct Cleaning, Environmental Technologies Division, Cole Consulting Corp hereby recommend that no equipment should be cleaned because WTC dust was not found in the equipments.

All systems were not impacted. Please note that there are **four (4) Passive Shaft/Duct units** in this building. This constitutes **four (4) inspections**. Thus we have a total of **four (4) inspections** in this building.

Please do not hesitate to call me if you have any question with this report.

Yours truly,
Environmental Technologies


John Anuforo
Division Manager

VENTILATION SYSTEM EVALUATION FORM

Please complete this form in accordance with instructions in the accompanying guidance document

Part 1.0 General Information

Date of evaluation: <u>2/12/03</u>	Building contact name and phone:
Evaluation team (list name and affiliation):	
(Environmental professional)	
(HVAC professional)	
Building address:	Type of Facility (check all that apply):
<u>118 CHAMBERS ST</u>	☒ Residential
<u>NEW YORK, N.Y.</u>	☐ Multi-use
	☐ Other (describe)
Date of construction:	
Number of residential units:	Number of floors: <u>6</u>
Prior inspection report/maintenance records available for review?:	
Other comments	
Ventilation system types (check all that apply and indicate total no. of units)	
Central ventilation system	Mechanical exhaust system
Est. no. of units	Est. no. of units
Mechanical make-up air system	Passive shaft/duct
Est. no. of units	Est. no. of units <u>4</u>
Other (describe)	

I certify that to the best of my knowledge, the information and observations recorded on this form including all attachments are a true and accurate representation of site conditions.

Ventilation System (HVAC) Evaluator

Date
2/12/03

Part 2.0 Visual Inspection Forms

Use the attached forms to document visual inspections. Complete the forms in accordance with instructions in the accompanying guidance document.

Accessible turning vanes	Est. total qty _____	No. locations _____			
inspected					NP
Return air grilles	Est. total qty _____	No. locations inspected _____		Y	N

2.1 Central Ventilation System Visual Inspection Form

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System Components [NOTE: if component not present (NP), not found (NF) or inaccessible (I) please indicate in last column]	Surface Dust/Debris Present?	WTC Dust Present?	Component ξ not present ξ not found ξ inaccessible
Other (specify):			
Other Information: Filter loading (light, moderate, heavy): <u>moderate</u> Abraded/delaminated acoustical lining Filter bypass (describe)			
General impression (indicate recommendations for cleaning based on finding of WTC dust): NO WTC DUST FOUND.			
KEY: NP = not present; NF = not found; I = inaccessible; U = unknown			

2.4 Passive Shaft/Duct Visual Inspection Form

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Passive Shaft/Duct Identification: <u>#1</u>			
Location: <u>Roof</u>		Area Served:	
System Components [NOTE: if component not present (NP), not found (NF) or inaccessible (I) please indicate in last column]	Surface Dust/Debris Present?	WTC Dust Present?	Component ☐ not present ☐ not found ☐ inaccessible
Outside air intake (if servicing supply air): Location:			
Accessible for inspection? Y ☐ N ☐ (explain):			
<u>louvers, grates, screens or weather cap</u>			
Exhaust outlet/louver (if servicing exhaust air): Location: <u>Roof</u>			
Accessible for inspection? Y ☒ N ☐ (explain):	<u>Y</u>	<u>N</u>	
<u>louvers, grates, screens or weather cap</u>	<u>Y</u>	<u>Y</u>	
Supply air distribution (if servicing supply air): Supply air outlet(s) Est. total qty _____ No. locations inspected _____ Specify shaft substrate (circle): <u>metal</u> <u>fibrous glass lined metal</u> <u>masonry</u> <u>fibrous glass board</u> <u>flex-duct</u> <u>wood</u>			
Accessible fire dampers Est. total qty _____ No. locations inspected _____			
Pipes/mechanical equipment, etc. located in shaft	<u>P</u>		
Return air distribution (if servicing exhaust air): Exhaust air inlet(s) Est. total qty <u>4</u> No. locations inspected <u>0</u> Specify shaft substrate (circle): <u>metal</u> <u>fibrous glass lined metal</u> <u>masonry</u> <u>fibrous glass board</u> <u>flex-duct</u> <u>wood</u>			<u>I</u>
Accessible fire dampers Est. total qty _____ No. locations inspected _____			<u>NP</u>
Pipes/mechanical equipment, etc. located in shaft			<u>NP</u>
Other (specify):			
Other Information:			
General impression (indicate recommendations for cleaning based on finding of WTC dust): <u>NO WTC DUST FOUND</u>			
KEY: NP = not present; NF = not found; I = inaccessible; U = unknown			

2.4 Passive Shaft/Duct Visual Inspection Form

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Passive Shaft/Duct Identification: <u>#2</u>			
Location: <u>Roof</u>		Area Served:	
System Components [NOTE: if component not present (NP), not found (NF) or inaccessible (I) please indicate in last column]		Surface Dust/Debris Present?	WTC Dust Present?
			Component X not present X not found X inaccessible
Outside air intake (if servicing supply air): Location:			
Accessible for inspection? Y ___ N ___ (explain):			
louvers, grates, screens or weather cap			
Exhaust outlet/louver (if servicing exhaust air): Location <u>Roof</u>			
Accessible for inspection? Y ☒ N ___ (explain):		<u>Y</u>	<u>N</u>
louvers, grates, screens or weather cap		<u>Y</u>	<u>N</u>
Supply air distribution (if servicing supply air):			
Supply air outlet(s) Est. total qty _____ No. locations inspected _____			
Specify shaft substrate (circle): <u>metal</u> <u>fibrous glass lined metal</u> <u>masonry</u> <u>fibrous glass board</u> <u>flex-duct</u> <u>wood</u>			
Accessible fire dampers Est. total qty _____ No. locations inspected _____			
Pipes/mechanical equipment, etc. located in shaft		P	
Return air distribution (if servicing exhaust air):			
Exhaust air inlet(s) Est. total qty <u>4</u> No. locations inspected <u>0</u>			
Specify shaft substrate (circle): <u>metal</u> <u>fibrous glass lined metal</u> <u>masonry</u> <u>fibrous glass board</u> <u>flex-duct</u> <u>wood</u>			
Accessible fire dampers Est. total qty _____ No. locations inspected _____			<u>I</u>
Pipes/mechanical equipment, etc. located in shaft			<u>NP</u>
Other (specify):			<u>NP</u>
Other Information:			
General impression (indicate recommendations for cleaning based on finding of WTC dust):			
<u>NO WTC DUST FOUND</u>			
KEY: NP = not present; NF = not found; I = inaccessible; U = unknown			

2.4 Passive Shaft/Duct Visual Inspection Form

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Passive Shaft/Duct Identification: <u>#3</u>			
Location: <u>Roof</u>		Area Served:	
System Components [NOTE: if component not present (NP), not found (NF) or inaccessible (I) please indicate in last column]		Surface Dust/Debris Present?	WTC Dust Present?
			Component ξ not present ξ not found ξ inaccessible
Outside air intake (if servicing supply air): Location:			
Accessible for inspection? Y ___ N ___ (explain):			
louvers, grates, screens or weather cap			
Exhaust outlet/louver (if servicing exhaust air): Location: <u>Roof</u>			
Accessible for inspection? Y ☒ N ___ (explain):		<u>Y</u>	<u>N</u>
louvers, grates, screens or weather cap		<u>Y</u>	<u>N</u>
Supply air distribution (if servicing supply air):			
Supply air outlet(s) Est. total qty _____ No. locations inspected _____			
Specify shaft substrate (circle): <u>metal</u> fibrous glass lined metal masonry fibrous glass board flex-duct wood			
Accessible fire dampers Est. total qty _____ No. locations inspected _____			
Pipes/mechanical equipment, etc. located in shaft		P	
Return air distribution (if servicing exhaust air):			
Exhaust air inlet(s) Est. total qty <u>4</u> No. locations inspected <u>0</u>			
Specify shaft substrate (circle): <u>metal</u> fibrous glass lined metal masonry fibrous glass board flex-duct wood			I
Accessible fire dampers Est. total qty _____ No. locations inspected _____			NP
Pipes/mechanical equipment, etc. located in shaft			NP
Other (specify):			
Other Information:			
General impression (indicate recommendations for cleaning based on finding of WTC dust):			
NO WTC DUST FOUND			
KEY: NP = not present; NF = not found; I = inaccessible; U = unknown			

2.4 Passive Shaft/Duct Visual Inspection Form

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Passive Shaft/Duct Identification: <u>#4</u>			
Location: <u>Roof</u>		Area Served:	
System Components [NOTE: if component not present (NP), not found (NF) or inaccessible (I) please indicate in last column]		Surface Dust/Debris Present?	WTC Dust Present?
			Component X not present X not found X inaccessible
Outside air intake (if servicing supply air): Location:			
Accessible for inspection? Y ___ N ___ (explain):			
louvers, grates, screens or weather cap			
Exhaust outlet/louver (if servicing exhaust air): Location: <u>Roof</u>			
Accessible for inspection? Y ☒ N ___ (explain):		<u>Y</u>	<u>N</u>
louvers, grates, screens or weather cap		<u>Y</u>	<u>N</u>
Supply air distribution (if servicing supply air):			
Supply air outlet(s) Est. total qty: _____ No. locations inspected: _____			
Specify shaft substrate (circle): <u>metal</u> <u>fibrous glass lined metal</u> <u>masonry</u> <u>fibrous glass board</u> <u>flex-duct</u> <u>wood</u>			
Accessible fire dampers Est. total qty: _____ No. locations inspected: _____			
Pipes/mechanical equipment, etc. located in shaft		<u>P</u>	
Return air distribution (if servicing exhaust air):			
Exhaust air inlet(s) Est. total qty: <u>4</u> No. locations inspected: <u>0</u>			
Specify shaft substrate (circle): <u>metal</u> <u>fibrous glass lined metal</u> <u>masonry</u> <u>fibrous glass board</u> <u>flex-duct</u> <u>wood</u>			<u>I</u>
Accessible fire dampers Est. total qty: _____ No. locations inspected: _____			<u>NP</u>
Pipes/mechanical equipment, etc. located in shaft			<u>NP</u>
Other (specify):			
Other Information:			
General impression (indicate recommendations for cleaning based on finding of WTC dust):			
<u>NO WTC DUST FOUND</u>			

KEY: NP = not present; NF = not found; I = inaccessible; U = unknown

2.1 Central Ventilation System Visual Inspection Form

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Ventilation System Identification: <u>LOBBY A/C</u>			
Location: <u>LOBBY</u>		Area Served: <u>LOBBY</u>	
Associated mechanical room: clean ☒ Y ☐ N dry ☒ Y ☐ N stored chemicals/refuse ☒ Y ☐ N			
System Components [NOTE: if component not present (NP), not found (NF) or inaccessible (I) please indicate in last column]		Surface Dust/Debris Present?	WTC Dust Present?
			Component ☐ not present ☐ not found ☐ inaccessible
Outside air intake: Location:			
Accessible for inspection? Y ☐ N ☐ (explain):			NP
louvers, grates and/or screens			NP
outside air duct			NP
outside air damper(s)			NP
Air handling unit:			
outside air mixing chamber			NP
filter rack(s)		Y	N
filter media		Y	N
blower assembly incl. blower wheel, blower housing, air vanes, in-line noise attenuators		Y	N
blower housing acoustical lining		Y	N
pre-heat coils			NP
heating coils			NP
cooling coils		Y	N
re-heat coils			NP
supply air plenum		Y	N
supply air plenum damper(s)			NP
vibration collars			NP
Supply air distribution:			
Supply air ducts Est. total in ft <u>50</u> No. locations inspected _____			
Specify type (circle): <u>metal</u> fibrous glass lined metal masonry fibrous glass board flex-duct wood		Y	N
Accessible in-line fire dampers Est. total qty _____ No. locations inspected _____			NP
Accessible turning vanes Est. total qty _____ No. locations inspected _____			NP
In-line reheat/cooling coils Est. total qty _____ No. locations inspected _____			NP
Supply air diffusers Est. total qty <u>2</u> No. locations inspected <u>2</u>		Y	N
Return air distribution:			
Return air ducts Est. total in ft <u>2</u> No. locations inspected <u>1</u>			
Specify type (circle): <u>metal</u> fibrous glass lined metal masonry fibrous glass board flex-duct wood		Y	N
Return air plenum Est. total RA plenum areas _____ No. locations inspected _____			NP
Return air plenum damper Est. total qty _____ No. locations inspected _____			NP
Accessible in-line fire dampers Est. total qty _____ No. locations inspected _____			NP