

## WTC Visual Survey Form

1001620

|                                                                                                   |                                                                                                   |                                                |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>Premise Address:</b> <u>145 west Broadway</u>                                                  |                                                                                                   |                                                |
| <b>Block:</b> <u>147</u>                                                                          | <b>Residential</b> <input checked="" type="checkbox"/> <b>Commercial</b> <input type="checkbox"/> | <b>Name of Building:</b>                       |
| <b>Lot:</b> <u>7501</u>                                                                           | <b>Mix Use</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>                     |                                                |
| <b># of Stories:</b> <u>6</u>                                                                     | <b>AKA's:</b>                                                                                     |                                                |
| <b>Building Owner/Management:</b> <u>The Odleon</u>                                               |                                                                                                   | <b>Telephone Number:</b> <u>(212) 223-0507</u> |
| <b>Name:</b> <u>145 Broadway</u>                                                                  |                                                                                                   | <b>FAX:</b> ( )                                |
| <b>Address:</b>                                                                                   |                                                                                                   |                                                |
| <b>On Site Contact:</b> <u>Tenant of #14</u> <input type="checkbox"/> PII                         |                                                                                                   |                                                |
| <b>Name:</b> <input type="checkbox"/> PII                                                         |                                                                                                   | <b>Telephone Number:</b> ( )                   |
| <b>Building Owner Management Activities</b>                                                       |                                                                                                   |                                                |
| Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No                |                                                                                                   |                                                |
| Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No                |                                                                                                   |                                                |
| General Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Locations:</b> _____ |                                                                                                   |                                                |
| ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Locations:</b> _____     |                                                                                                   |                                                |
| Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Locations:</b> _____   |                                                                                                   |                                                |
| <b>Copies of All Reports and Data Requested</b> <input checked="" type="checkbox"/> Yes           |                                                                                                   |                                                |

## Visual Inspection Results:

|                                                                                                                                                               |                                                                     |                                                          |                                                                       |                                  |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------|-------------------------------|
| <b>Facade:</b>                                                                                                                                                |                                                                     |                                                          |                                                                       |                                  |                               |
| North <input type="checkbox"/> N/A<br>South <input checked="" type="checkbox"/> N/A<br>East <input type="checkbox"/> N/A<br>West <input type="checkbox"/> N/A | <b>Inspected</b>                                                    |                                                          | <b>Debris</b>                                                         |                                  |                               |
|                                                                                                                                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> No Visible/ <del>Fine Layer</del> | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
|                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No Visible/Fine Layer                        | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
|                                                                                                                                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> No Visible/ <del>Fine Layer</del> | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| <b>Facade Description:</b> _____                                                                                                                              |                                                                     |                                                          |                                                                       |                                  |                               |
|                                                                                                                                                               |                                                                     |                                                          |                                                                       |                                  |                               |
| <b>Roof</b>                                                                                                                                                   |                                                                     |                                                          |                                                                       |                                  |                               |
| <b>Debris:</b> <input checked="" type="checkbox"/> No Visible/ <del>Fine Layer</del> <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1"           |                                                                     |                                                          |                                                                       |                                  |                               |
| <b>Description:</b> _____                                                                                                                                     |                                                                     |                                                          |                                                                       |                                  |                               |
|                                                                                                                                                               |                                                                     |                                                          |                                                                       |                                  |                               |
| <b>Setbacks</b> <input checked="" type="checkbox"/> N/A                                                                                                       |                                                                     |                                                          |                                                                       |                                  |                               |
| Floor: _____                                                                                                                                                  | Debris: <input type="checkbox"/> No Visible/Fine Layer              |                                                          | <input type="checkbox"/> ½ to 1"                                      | <input type="checkbox"/> > 1"    |                               |
| Floor: _____                                                                                                                                                  | Debris: <input type="checkbox"/> No Visible/Fine Layer              |                                                          | <input type="checkbox"/> ½ to 1"                                      | <input type="checkbox"/> > 1"    |                               |
| Floor: _____                                                                                                                                                  | Debris: <input type="checkbox"/> No Visible/Fine Layer              |                                                          | <input type="checkbox"/> ½ to 1"                                      | <input type="checkbox"/> > 1"    |                               |
| Floor: _____                                                                                                                                                  | Debris: <input type="checkbox"/> No Visible/Fine Layer              |                                                          | <input type="checkbox"/> ½ to 1"                                      | <input type="checkbox"/> > 1"    |                               |
| Floor: _____                                                                                                                                                  | Debris: <input type="checkbox"/> No Visible/Fine Layer              |                                                          | <input type="checkbox"/> ½ to 1"                                      | <input type="checkbox"/> > 1"    |                               |
| <b>Comments</b>                                                                                                                                               |                                                                     |                                                          |                                                                       |                                  |                               |
| <u>As per <input type="checkbox"/> PII The Tower debris did not get to his roof. This is a corner building on West Broadway &amp; Thomas St.</u>              |                                                                     |                                                          |                                                                       |                                  |                               |
|                                                                                                                                                               |                                                                     |                                                          |                                                                       |                                  |                               |
|                                                                                                                                                               |                                                                     |                                                          |                                                                       |                                  |                               |

Date: 4/13/2002Inspection Team: Name: RAM & DWESHAgency: DEP

ENTERED



**Department of  
Environmental  
Protection**

59-17 Junction Boulevard  
Corona, New York  
11368-5107

**Joel A. Miele Sr., P.E.  
Commissioner**

**Robert C. Avaltroni  
Deputy Commissioner**

**Bureau of  
Environmental Compliance**  
Tel (718) 595-4418  
Fax (718) 595-4422

April 13, 2002

**Building Owner Name:** The Bldg Owner

**Address:** 145 W B'WAY  
N.Y., N.Y.

**Subject:** 145 W BROADWAY

Dear Sir/ Madam:

In September 2001, the New York City Department and Environmental Protection (NYC DEP) and the Department of Health (NYC DOH) advised building owners regarding building maintenance and re-occupancy issues following the collapse of the World Trade Center. The steps included the professional assessment of building contamination for possible hazardous components, including asbestos, and a retrospective filing, as required, if applicable.

The NYC DEP is hereby requesting copies of the environmental hazard assessments including bulk sample results and air monitoring results and a summary of clean-up activities at the above referenced site. Please forward the requested documents to our offices within FIVE BUSINESS DAYS. They may be faxed to (718) 595-3744 or sent to the NYC DEP Asbestos Control Program at 59-17 Junction Boulevard, 8<sup>th</sup> floor, Corona, New York 11373-5108.

Please be advised building owners are responsible for the cleaning of building exteriors, grounds, and common areas. Adherence to proper cleaning methods is important for the protection of public health and the environment. DEP inspectors will be following up on this matter.

If you have any questions, you may reach the Department at (718) 595-3682 during office hours or the 24-hour Help Center at (718) DEP-HELP. DEP staff is available to provide guidance and technical assistance.

Sincerely,

*R. Radhakrishnan*

**R. Radhakrishnan, P.E.  
Director  
Asbestos Control Program**



[www.nyc.gov/dep](http://www.nyc.gov/dep)

(718) DEP-HELP

Page: 1 Document Name: Extra

04/15/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPI031  
 MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
 145..... WEST BROADWAY..... 1 MANHATTAN 10013 BIN# 1001620  
 DCP GEOGRAPHICAL INFORMATION:  
 WEST BROADWAY 143 - 147 HEALTH AREA : 77 TAX BLK: 147..  
 THOMAS STREET 72 - 72 CENSUS TRACT: 2010 TAX LOT: 7501.  
 COMMUNITY BD: 101 CONDO :  
 MULTI STRUCT: 1 CUI NO :  
 DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
 OWNER NAME : MARTIN LEE JOFFE MARTIN LEE JOFFE  
 CORP. NAME : LPC LANDMARK STATUS: LANDMARK  
 ADDRESS : 143 W BROADWAY DOB LOCAL LAW STATUS: YES  
 NEW YORK NY 10013-3305  
 DOF BUILDING INFORMATION:  
 BLDG SIZE: \*\* UNKNOWN \*\* TRANS LAND VALUE: 0  
 LOT SIZE: 0059.00 X 0050.00 TAX EXEMPT FLAG : NO  
 BLDG CLASS : R0 CONDOMINIUMS TAX EXEMPT CLASS:  
 STORIES : 5 CITY OWNERSHIP : NO  
 UPDATE DATE : 03/25/02  
 FOR CITY } MGMT TYPE: MGMT CODE: MGMT CODE NAME:  
 OWNERSHIP } MGMT HOLDER CODE: MGMT HOLDER CODE NAME:  
 -----  
 PF1 =PREV PF2 =MAIN PF7 = NEW ADDRESS PF8 = NEW BLK/LOT PF9 = NEW BIN

Date: 4/15/ 2 Time: 12:16:37 PM

**NYC DEP**

59-17 Junction Blvd.  
Corona, NY 11368  
(718)DEP-HELP Fax (718)595-4096

**~~Service Request Inspection Detail~~**

**Report Date**

04/12/2009 05:44 PM

**Submitted By**

Page 2

**Linked Requests**

| Service # | Problem Location | Problem Date | Address |
|-----------|------------------|--------------|---------|
|-----------|------------------|--------------|---------|

No Linked Requests for this Service Request Inspection

**NYC DEP**

**Method**

**Source**

**Critical Service**

**Log**

**Log Type Entered By**

**Description Comments**

**Log Started**

**Log Ended**

There are no log entries for this service number

End of Report