

## WTC Visual Survey Form

1001961

|                                                                                                   |                                                                                                   |                                 |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|
| <b>Premise Address:</b> <u>39 Worth St</u>                                                        |                                                                                                   |                                 |
| <b>Block:</b> <u>176</u>                                                                          | <b>Residential</b> <input checked="" type="checkbox"/> <b>Commercial</b> <input type="checkbox"/> | <b>Name of Building:</b>        |
| <b>Lot:</b> <u>11</u>                                                                             | <b>Mix Use</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>                     |                                 |
| <b># of Stories:</b>                                                                              | <b>AKA's:</b>                                                                                     |                                 |
| <b>Building Owner/Management Name:</b>                                                            |                                                                                                   | <b>Telephone Number:</b> (    ) |
|                                                                                                   |                                                                                                   | <b>FAX:</b> (    )              |
| <b>Address:</b>                                                                                   |                                                                                                   |                                 |
| <b>On Site Contact:</b>                                                                           |                                                                                                   |                                 |
| <b>Name:</b>                                                                                      |                                                                                                   | <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 type="checkbox"/> Yes                      |                                                                                                   |                                 |

## Visual Inspection Results:

|                                                                                                                                                    |                                                               |                                                          |                                                |                                  |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|----------------------------------|-------------------------------|
| <b>Facade:</b>                                                                                                                                     |                                                               |                                                          |                                                |                                  |                               |
| North <input type="checkbox"/> N/A<br>South <input 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 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 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 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" |
| <b>Facade Description:</b> <u>cleaned</u>                                                                                                          |                                                               |                                                          |                                                |                                  |                               |
| <b>Roof</b>                                                                                                                                        |                                                               |                                                          |                                                |                                  |                               |
| <b>Debris:</b> <input checked="" type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1"           |                                                               |                                                          |                                                |                                  |                               |
| <b>Description:</b> _____                                                                                                                          |                                                               |                                                          |                                                |                                  |                               |
| <b>Setbacks</b> <u>N/A</u> <input checked="" type="checkbox"/>                                                                                     |                                                               |                                                          |                                                |                                  |                               |
| <b>Floor:</b> _____                                                                                                                                | <b>Debris:</b> <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                         | <input type="checkbox"/> > 1"                  |                                  |                               |
| <b>Floor:</b> _____                                                                                                                                | <b>Debris:</b> <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                         | <input type="checkbox"/> > 1"                  |                                  |                               |
| <b>Floor:</b> _____                                                                                                                                | <b>Debris:</b> <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                         | <input type="checkbox"/> > 1"                  |                                  |                               |
| <b>Floor:</b> _____                                                                                                                                | <b>Debris:</b> <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                         | <input type="checkbox"/> > 1"                  |                                  |                               |
| <b>Floor:</b> _____                                                                                                                                | <b>Debris:</b> <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                         | <input type="checkbox"/> > 1"                  |                                  |                               |
| <b>Comments</b>                                                                                                                                    |                                                               |                                                          |                                                |                                  |                               |
| _____                                                                                                                                              |                                                               |                                                          |                                                |                                  |                               |
| _____                                                                                                                                              |                                                               |                                                          |                                                |                                  |                               |
| _____                                                                                                                                              |                                                               |                                                          |                                                |                                  |                               |

Date: 5/17/2002Inspection Team: Name: AL

Agency: \_\_\_\_\_

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

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

May 17, 2002

**Building Owner Name:** \_\_\_\_\_

**Address:** 39 Worth St  
NYC

**Subject:** \_\_\_\_\_

**Dear Sir/ Madam:**

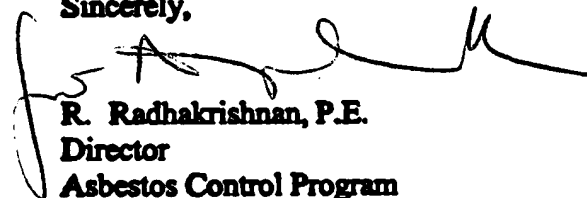
In September 2001, the New York City Department and Environmental Protection (NYC DEP) and the Department of Health (NYC DOH) advised building owners regarding building maintenance and re-occupancy issues following the collapse of the World Trade Center. The steps included the professional assessment 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, P.E.  
Director  
Asbestos Control Program**



www.nyc.gov/dep

(718) DEP-HELP

05/21/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPI031  
 MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
 39..... WORTH STREET..... 1 MANHATTAN 10013 BIN# 1001961  
 DCP GEOGRAPHICAL INFORMATION:  
 WORTH STREET 39 - 39 HEALTH AREA : 77 TAX BLK: 176..  
 CENSUS TRACT: 2008 TAX LOT: 11..  
 COMMUNITY BD: 101 CONDO :  
 MULTI STRUCT: 1 CUI NO :  
 DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
 OWNER NAME : WHITE ROSE ARTISTS CORP WHITE ROSE ARTISTS CO  
 CORP. NAME : ANDREWS BUILDING CORP LPC LANDMARK STATUS: CALENDARED  
 ADDRESS : 666 BROADWAY DOB LOCAL LAW STATUS: YES  
 NEW YORK NY 10012-2317  
 DOF BUILDING INFORMATION: TRANS LAND VALUE: 405,000  
 BLDG SIZE: 0025.00 X 0095.00 TAX EXEMPT FLAG : NO  
 LOT SIZE: 0025.00 X 0100.08 TAX EXEMPT CLASS:  
 BLDG CLASS : DO ELEVATOR APT CITY OWNERSHIP : NO  
 STORIES : 5 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

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