



**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

EL758388441US

February 12, 2002

Warren St Tenants Corp  
80 Warren Street  
New York, NY 10007-1013

**Subject: 76 WARREN STREET**

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. Due to changing conditions and continued activity at Ground Zero, building owners should periodically assess the condition of building exteriors and air conditioning systems for cleanliness and may have to periodically re-clean 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,

A handwritten signature in black ink, appearing to read "R. Radhakrishnan".

R. Radhakrishnan, P.E.

Director

Asbestos Control Program



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

(718) DEP-HELP

## WTC Visual Survey Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                               |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Premise Address:</b><br>40 WARREN ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               |                                   |
| <b>Block:</b> 137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/><br>Lot: 5 Mix Use <input type="checkbox"/> Other <input type="checkbox"/> | <b>Name of Building:</b>          |
| <b># of Stories:</b> 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>AKA's:</b>                                                                                                                                                 |                                   |
| <b>Building Owner/Management:</b><br>Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                               | Telephone Number: ( )<br>FAX: ( ) |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                               |                                   |
| <b>On Site Contact:</b><br>Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                               | Telephone Number: ( )             |
| <b>Building Owner Management Activities</b><br>Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>General Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____<br>ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____<br>Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____ |                                                                                                                                                               |                                   |
| Copies of All Reports and Data Requested <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                   |

## Visual Inspection Results:

|                                                                                                                        |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Facade:</b>                                                                                                         |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
| North                                                                                                                  | <input type="checkbox"/> N/A                           | <b>Inspected</b>                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <b>Debris</b>                                             | <input type="checkbox"/> No Visible/Fine Layer <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |
| South                                                                                                                  | <input type="checkbox"/> N/A                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1"                                                |
| East                                                                                                                   | <input type="checkbox"/> N/A                           | <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"                                                |
| West                                                                                                                   | <input type="checkbox"/> N/A                           | <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"                                                |
| Facade Description: _____                                                                                              |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
|                                                                                                                        |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
| <b>Roof</b>                                                                                                            |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
| Debris: <input type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
| Description: _____                                                                                                     |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
|                                                                                                                        |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
| <b>Setbacks</b> N/A <input checked="" type="checkbox"/>                                                                |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
| 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>                                                                                                        |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
| Plaque Posted with Sept telephone # (212) 385-0482                                                                     |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
| answering machine reached                                                                                              |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
|                                                                                                                        |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
|                                                                                                                        |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |
|                                                                                                                        |                                                        |                                                                     |                                                                     |                                                           |                                                                                                               |

Date: 1/12/2002

Inspection Team: Name:

Hardrick, H. F. J.

Agency: WISDO

Name: Theodore S. Penny

Agency: NYCDOT

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01/30/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
80..... WARREN STREET..... 1 MANHATTAN 10007 BIN# 1001488  
DCP GEOGRAPHICAL INFORMATION:  
WARREN STREET 76 - 84 HEALTH AREA : 77 TAX BLK: 137..  
CENSUS TRACT: 2002 TAX LOT: 5....  
COMMUNITY BD: 101 CONDO :  
MULTI STRUCT: 1 CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
OWNER NAME : WARREN ST TENANTS CORP WARREN ST TENANTS COR  
CORP. NAME : LPC LANDMARK STATUS: NO  
ADDRESS : 80 WARREN ST DOB LOCAL LAW STATUS: YES  
NEW YORK NY 10007-1013  
DOF BUILDING INFORMATION: TRANS LAND VALUE: 4,800,000  
BLDG SIZE: 0124.00 X 0096.00 TAX EXEMPT FLAG : NO  
LOT SIZE: 0123.92 X 0100.00 TAX EXEMPT CLASS:  
BLDG CLASS : D4 ELEVATOR APT CITY OWNERSHIP : NO  
STORIES : 6 UPDATE DATE : 01/12/02  
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: 1/30/ 2 Time: 08:32:49 AM