



**Department of  
Environmental  
Protection**

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

EL 758388415US

February 12, 2002

54 Warren Street LLC c/o Ian Behar  
1385 West Broadway  
New York, NY 10018

Subject: 54 WARREN STREET

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

**Robert C. Avaltroni  
Deputy Commissioner**

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

Dear Sir/ Madam:

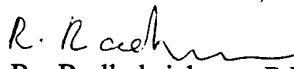
In September 2001, the New York City Department and Environmental Protection (NYC DEP) and the Department of Health (NYC DOH) advised building owners regarding building maintenance and re-occupancy issues following the collapse of the World Trade Center. The steps included the professional assessment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

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



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

(718) DEP-HELP



**Department of  
Environmental  
Protection**

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

February 8, 2002

54 WARREN STREET  
1385 W BROADWAY  
NEW YORK, NY 10018

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

**Robert C. Avaltroni  
Deputy Commissioner**

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

Subject: 54 WARREN STREET, MANHATTAN

Dear Sir/ Madam:

The New York City Department of Environmental Protection in cooperation with the New York State Department of Labor and the United States Environmental Protection Agency has continued inspections/surveys of buildings in the vicinity of the World Trade Center.

During the recent inspections/surveys, visible debris from the collapse of the Towers was observed on the roof, ~~setbacks, and/or facades~~ of the above referenced building. In accordance with previously issued guidelines, copies of which are enclosed, these accumulations must be assessed by a NYC DEP certified investigator to determine whether the material is asbestos-containing material and then cleaned up appropriately.

Building owners are responsible for the cleaning of building exteriors, grounds; and common area. 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.

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.

Sincerely,

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> <u>54 WARREN ST.</u>                                       |                                                                                                        |                                 |  |
| <b>Block:</b> <u>136</u>                                                           | <b>Residential</b> <input 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 checked="" type="checkbox"/> <u>VACANT</u> |                                 |  |
| <b># of Stories:</b>                                                               | <b>AKA's:</b>                                                                                          |                                 |  |
| <b>Building Owner/Management:</b>                                                  |                                                                                                        | <b>Telephone Number:</b> (    ) |  |
| <b>Name:</b>                                                                       |                                                                                                        | <b>FAX:</b> (    )              |  |
| <b>Address:</b>                                                                    |                                                                                                        |                                 |  |
| <b>On Site Contact:</b>                                                            |                                                                                                        | <b>Telephone Number:</b> (    ) |  |
| <b>Name:</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          |                                                                                                        | Locations: _____                |  |
| ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No              |                                                                                                        | Locations: _____                |  |
| Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No            |                                                                                                        | Locations: _____                |  |
| <b>Copies of All Reports and Data Requested</b> <input type="checkbox"/> Yes       |                                                                                                        |                                 |  |

## Visual Inspection Results:

|                                                                              |                                                        |                                                                                                                           |                                  |                                                           |                                  |                               |  |
|------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------|----------------------------------|-------------------------------|--|
| <b>Facade:</b>                                                               |                                                        |                                                                                                                           |                                  |                                                           |                                  |                               |  |
|                                                                              |                                                        | <b>Inspected</b>                                                                                                          |                                  | <b>Debris</b>                                             |                                  |                               |  |
| North                                                                        | <input checked="" type="checkbox"/> N/A                | <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" |  |
| South                                                                        | <input checked="" type="checkbox"/> N/A                | <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 checked="" 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"/> No Visible/Fine Layer            | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |  |
| <b>Facade Description:</b>                                                   |                                                        |                                                                                                                           |                                  |                                                           |                                  |                               |  |
| <u>FIRE ESCAPE HAS VIRT MINOR VISIBLE DEBRIS AT METAL CONNECTIONS - ONLY</u> |                                                        |                                                                                                                           |                                  |                                                           |                                  |                               |  |
| <b>Roof</b>                                                                  |                                                        |                                                                                                                           |                                  |                                                           |                                  |                               |  |
| <b>Debris:</b>                                                               |                                                        | <input type="checkbox"/> No Visible /Fine Layer <input checked="" type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                                  |                                                           |                                  |                               |  |
| <b>Description:</b>                                                          |                                                        | <u>Debris concentrated at central roof area inspected from 60 Warren St.</u>                                              |                                  |                                                           |                                  |                               |  |
| <b>Setbacks</b> <u>N/A</u> <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>                                                              |                                                        |                                                                                                                           |                                  |                                                           |                                  |                               |  |
| <u>GATED APPEARS TO BE VACANT.</u>                                           |                                                        |                                                                                                                           |                                  |                                                           |                                  |                               |  |
|                                                                              |                                                        |                                                                                                                           |                                  |                                                           |                                  |                               |  |
|                                                                              |                                                        |                                                                                                                           |                                  |                                                           |                                  |                               |  |
|                                                                              |                                                        |                                                                                                                           |                                  |                                                           |                                  |                               |  |

Date: 1/25/2002Inspection Team: Name: Walter Henriquez Agency: NYSDOC  
Name: Fanny Theodorakis Agency: NYCDOF