

# WTC Visual Survey Form

|                                                                                                   |                                                                                     |                              |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------|
| <b>Premise Address:</b> 199 Water St                                                              |                                                                                     |                              |
| <b>Block:</b>                                                                                     | Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> | <b>Name of Building:</b>     |
| <b>Lot:</b>                                                                                       | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>                     |                              |
| <b># of Stories:</b>                                                                              | <b>AKA's:</b>                                                                       |                              |
| <b>Building Owner/Management:</b>                                                                 |                                                                                     | <b>Telephone Number:</b> ( ) |
| <b>Name:</b> Prudential                                                                           |                                                                                     | <b>FAX:</b> ( )              |
| <b>Address:</b>                                                                                   |                                                                                     |                              |
| <b>On Site Contact:</b>                                                                           |                                                                                     |                              |
| <b>Name:</b> ConCezio (Engineer)                                                                  |                                                                                     | <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 | <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 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"                                                |
| 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"                                                |
| <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> N/A <input 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>All Setbacks are Cleaned</u>                                                                                         |                              |                                                          |                                                          |                                                |                                                                                                               |
| _____                                                                                                                                    |                              |                                                          |                                                          |                                                |                                                                                                               |
| _____                                                                                                                                    |                              |                                                          |                                                          |                                                |                                                                                                               |
| _____                                                                                                                                    |                              |                                                          |                                                          |                                                |                                                                                                               |

Date: 4/27/2002

Inspection Team: Name: AL

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

ENTERED

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

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



**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 27 2002

**Building Owner Name:** Confidential  
**Address:** 199, Water St  
NYC  
**Subject:** CONCEZIO

**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,

*[Signature]*  
**R. Radhakrishnan, P.E.  
Director  
Asbestos Control Program**



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04/29/02          N.Y.C. DEPARTMENT OF BUILDINGS          BISPIQ31
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY
199..... WATER STREET..... 1 MANHATTAN      10038 BIN# 1001162
DCP GEOGRAPHICAL INFORMATION:
WATER STREET      181 - 199          HEALTH AREA : 77      TAX BLK: 74...
FULTON STREET     20 - 26           CENSUS TRACT: 21007  TAX LOT: 7501.
JOHN STREET       141 - 155        COMMUNITY BD: 101   CONDO :
SEAPORT PLAZA     1 - 1           MULTI STRUCT: 1    CUI NO :
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE
OWNER NAME :
CORP. NAME :
ADDRESS : WATER STREET
NEW YORK NY 10038
DOF BUILDING INFORMATION:
BLDG SIZE: ** UNKNOWN **
LOT SIZE: ** UNKNOWN **
BLDG CLASS : RD CONDOMINIUMS
STORIES : 5
FOR CITY } MGMT TYPE:      MGMT CODE:
OWNERSHIP } MGMT HOLDER CODE:  MGMT HOLDER CODE NAME:
TRANS LAND VALUE: 4,196,006
TAX EXEMPT FLAG : YES
TAX EXEMPT CLASS:
CITY OWNERSHIP : NO
UPDATE DATE : 03/25/02
MGMT CODE NAME:
MGMT HOLDER CODE NAME:
-----
PF1 =PREV  PF2 =MAIN  PF7 = NEW ADDRESS  PF8 = NEW BLK/LOT  PF9 = NEW BIN

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**NYC DEP**

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

**Service Request Inspection Detail****Report Date** 12/13/2001 02:52 PM**Submitted By**

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**Linked Requests**

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

Location

No Linked Requests for this Service Request Inspection

**NYC DEP****Method****Source****Critical Service**

| Log<br>Log Type<br>Comments | Description | Log Started | Log Ended | Entered By |
|-----------------------------|-------------|-------------|-----------|------------|
|-----------------------------|-------------|-------------|-----------|------------|

There are no log entries for this service number

End of Report