

# WTC Visual Survey Form

1000848

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------|
| Premise Address: <u>85 Broad St NYC</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                       |
| Block:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Residential <input type="checkbox"/> Commercial <input type="checkbox"/> | Name of Building:     |
| Lot:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>          |                       |
| # of Stories:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AKA's:                                                                   |                       |
| Building Owner/Management:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | Telephone Number: ( ) |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          | FAX: ( )              |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                       |
| On Site Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          | Telephone Number: ( ) |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                       |
| <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 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"                                                |
| Facade Description: <u>NO visible debris</u>                                                                                                 |                                                        |                                                          |                                                          |                                                |                                                                                                               |
| <b>Roof</b>                                                                                                                                  |                                                        |                                                          |                                                          |                                                |                                                                                                               |
| Debris: <input checked="" type="checkbox"/> No Visible /Fine Layer <input checked="" type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                                                        |                                                          |                                                          |                                                |                                                                                                               |
| Description: <u>ON THE EXHAUST COOL TOWERS</u>                                                                                               |                                                        |                                                          |                                                          |                                                |                                                                                                               |
| <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>                                                                                                                              |                                                        |                                                          |                                                          |                                                |                                                                                                               |
| <u>ENTERED</u>                                                                                                                               |                                                        |                                                          |                                                          |                                                |                                                                                                               |

Date: 4/12/2002

Inspection Team: Name: \_\_\_\_\_

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

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/2, 2002

**Building Owner Name:**

*Jones Lang LaSalle*

**Address:**

*85 Broad St  
NYC  
M Forhes*

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



www.nyc.gov/dep

(718) DEP-HELP

April 12, 2002



**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 Air, Noise, &  
Hazardous Materials**

Tel (718) 595-4418  
Fax (718) 595-4422

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

Address: \_\_\_\_\_

85 Broad St  
NYC

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

Dear Sir/Madam:

In September 2001, the New York City Department of Environmental Protection (NYCDEP) and the Department of Health (NYCDOH) advised building owners regarding building maintenance and re-occupancy issues following the collapse of the World Trade Center. The steps included the assessment of building contamination for possible hazardous components, including asbestos.

Today, a visual survey of your building's exterior was conducted as a follow up to DEP's October survey of buildings around the World Trade Center site. At the above referenced site, visible dust accumulations were observed at:

☐ building facade(s)

☐ setback(s)



roof

(Exhaust on roof  
Cooling Towers)



other, \_\_\_\_\_

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.

Please provide information regarding your actions to address the dust accumulations by April 25, 2002. Copies of the environmental hazard assessments including bulk sample results, air monitoring results and/or a summary of clean-up activities at the above-referenced site may be faxed to (718) 595-3744 or sent to the NYCDEP Asbestos Control Program at 59-17 Junction Boulevard, 8<sup>th</sup> floor, Corona, New York 11373-5108.

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

Sincerely,

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



www.ci.nyc.ny.us/dep

(718) DEP-HELP

04/16/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
85..... BROAD STREET..... 1 MANHATTAN 10004 BIN# 1000848  
DCP GEOGRAPHICAL INFORMATION:  
BROAD STREET 85 - 89 HEALTH AREA : 77 TAX BLK: 29...  
SOUTH WILLIAM STREET 25 - 43 CENSUS TRACT: 1004 TAX LOT: 59...  
COMMUNITY BD: 101 CONDO :  
MULTI STRUCT: 1 CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
OWNER NAME : THE GALBREATH COMPANY THE GALBREATH COMPANY  
CORP. NAME : S-C LEVEL LPC LANDMARK STATUS: NO  
ADDRESS : 85 BROAD ST DOB LOCAL LAW STATUS: NO  
NEW YORK NY 10004-2434  
DOF BUILDING INFORMATION: TRANS LAND VALUE: 59,000,000  
BLDG SIZE: 0080.25 X 0080.00 TAX EXEMPT FLAG : NO  
LOT SIZE: 0070.08 X 0232.25 TAX EXEMPT CLASS:  
BLDG CLASS : 04 OFFICE BUILDING CITY OWNERSHIP : NO  
STORIES : 1 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

**NYC DEP**

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

**Service Request Inspection Detail****Report Date** 03/15/2002 10:20 AM**Submitted By**

Page 2

**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