



**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

EL758388027US

February 12, 2002

Coldover Realty Co.  
111 Chambers Street  
New York, NY 10007-1098

**Subject: 111 CHAMBERS 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,

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



www.nyc.gov/dep

(718) DEP-HELP

# WTC Visual Survey Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|
| <b>Premise Address:</b> <u>111 Chambers</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                              |
| <b>Block:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Residential <input type="checkbox"/> Commercial <input type="checkbox"/> | <b>Name of Building:</b>     |
| <b>Lot:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>          |                              |
| <b># of Stories:</b> <u>5</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <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>Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | <b>Telephone Number:</b> ( ) |
| <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: _____ |                                                                          |                              |
| <b>Copies of All Reports and Data Requested</b> <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                              |

## Visual Inspection Results:

|                                                                                                                                          |                                                        |                                                          |                                                                     |                                                |                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------|
| <b>Facade:</b>                                                                                                                           |                                                        |                                                          |                                                                     |                                                |                                                                |
| North                                                                                                                                    | <input checked="" type="checkbox"/> N/A                | <b>Inspected</b>                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>Debris</b>                                  | <input checked="" type="checkbox"/> No Visible/Fine Layer      |
| 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>INSPECTED FROM STREET</u>                                                                                  |                                                        |                                                          |                                                                     |                                                |                                                                |
| <hr/>                                                                                                                                    |                                                        |                                                          |                                                                     |                                                |                                                                |
| <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> <u>INSPECTED FROM 118 ACROSS THE STREET</u>                                                                          |                                                        |                                                          |                                                                     |                                                |                                                                |
| <hr/>                                                                                                                                    |                                                        |                                                          |                                                                     |                                                |                                                                |
| <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>                                                                                                                          |                                                        |                                                          |                                                                     |                                                |                                                                |
| _____                                                                                                                                    |                                                        |                                                          |                                                                     |                                                |                                                                |
| _____                                                                                                                                    |                                                        |                                                          |                                                                     |                                                |                                                                |
| _____                                                                                                                                    |                                                        |                                                          |                                                                     |                                                |                                                                |

Date: 01/26/2002Inspection Team: Name: AL

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

Name: HORTONAgency: DOL

A &amp; H 30

Page: 1 Document Name: Extra

01/30/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
111..... CHAMBERS STREET..... 1 MANHATTAN 10007 BIN# 1001578  
DCP GEOGRAPHICAL INFORMATION:  
CHAMBERS STREET 111 - 111 HEALTH AREA : 77 TAX BLK: 145..  
CENSUS TRACT: 1001 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 : COLDOVER RLTY CO COLDOVER RLTY CO  
CORP. NAME : LPC LANDMARK STATUS: LANDMARK  
ADDRESS : 111 CHAMBERS ST DOB LOCAL LAW STATUS: NO  
NEW YORK NY 10007-1098  
DOF BUILDING INFORMATION: TRANS LAND VALUE: 505,000  
BLDG SIZE; 0024.00 X 0082.00 TAX EXEMPT FLAG : NO  
LOT SIZE: 0024.83 X 0076.17 TAX EXEMPT CLASS:  
BLDG CLASS : S9 RESIDENCE-MULTI-USE CITY OWNERSHIP : NO  
STORIES : 5 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: 11:57:46 AM