

# WTC Visual Survey Form

|                                                                                                   |                                                                                     |                                 |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|
| <b>Premise Address:</b> <u>94 Chambers St</u>                                                     |                                                                                     |                                 |
| <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> <u>120 Park Row Realty Corp</u>                                                      |                                                                                     | <b>FAX:</b> (    )              |
| <b>Address:</b>                                                                                   |                                                                                     |                                 |
| <b>On Site Contact:</b>                                                                           |                                                                                     |                                 |
| <b>Name:</b>                                                                                      |                                                                                     | <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>                                                                                                                |                              |                                                          |                                                |                                  |                               |
|                                                                                                                               |                              | <b>Inspected</b>                                         | <b>Debris</b>                                  |                                  |                               |
| North                                                                                                                         | <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" |
| South                                                                                                                         | <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" |
| East                                                                                                                          | <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" |
| 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>N/A</u>                                                                                         |                              |                                                          |                                                |                                  |                               |
| <b>Roof</b>                                                                                                                   |                              |                                                          |                                                |                                  |                               |
| <b>Debris:</b> <input type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                              |                                                          |                                                |                                  |                               |
| <b>Description:</b> <u>cleaned</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>                                                                                                               |                              |                                                          |                                                |                                  |                               |
|                                                                                                                               |                              |                                                          |                                                |                                  |                               |
|                                                                                                                               |                              |                                                          |                                                |                                  |                               |
|                                                                                                                               |                              |                                                          |                                                |                                  |                               |

**Date:** 8/130/2002      **Inspection Team: Name:** AL      **Agency:** \_\_\_\_\_

**Name:** \_\_\_\_\_      **Agency:** \_\_\_\_\_



**Department of  
Environmental  
Protection**

59-17 Junction Boulevard  
Flushing, New York  
11373-5108

**Christopher O. Ward  
Commissioner**

**Robert C. Avaltroni  
Deputy Commissioner**

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

**FAX COVER**

May 9, 2002

Mr. Eugene Pitaro  
Pitaro & Pitaro  
77-11 164<sup>th</sup> Street  
Flushing, New York 11366  
FAX: (718) 969-0721

Subject: 94 Chambers Street

Dear Mr. Pitaro:

This is in response to our conversation earlier today.

The letter and license agreement have been modified to reflect the information provided by your office for the building owner information. Please return the package with original signatures to our offices.

If you have any questions, please call me directly at (718) 595-3657.

Sincerely,

A handwritten signature in black ink, appearing to read "Penny Theodorellys".

Penny Theodorellys  
Deputy Director  
Asbestos Control Program



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

(718) DEP-HELP



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Fax (718) 595-4422

May 3, 2002

120 Park Row Realty Corp.  
c/o Pitaro & Pitaro  
77-11 164 Street  
Flushing, New York 11366

**Subject: 94 CHAMBERS STREET**

**Dear Sir/Madam:**

The New York City Department of Environmental Protection (DEP) in cooperation with the United States Environmental Protection Agency (USEPA) and the New York State Department of Labor (NYSDOL) has performed a series of exterior building surveys on various buildings in the vicinity of the World Trade Center (WTC). The surveys included the examination of building exteriors including building roofs, facades, setbacks, and other exterior surfaces. These surveys identified locations where debris from the collapse of the WTC was still visible. Our records indicate that visible debris accumulations were observed at the above referenced building (the "Building").

In our previous correspondence, the Department requested an assessment and appropriate clean up of visible debris accumulations. The Department has either not received information regarding your actions to address the debris accumulations or has re-inspected your building and found that visible debris was present.

The USEPA and DEP are continuing their ongoing efforts to improve air quality in lower Manhattan. In this regard, DEP is initiating a program (the "Cleaning Program") to clean the exteriors of certain buildings in the downtown Manhattan area.

Based on visual surveys and analyses of other properties in the area, we are assuming that the debris accumulations noted on the exterior of the Building may include some amount of asbestos-containing material (ACM). DEP would like to include the Building in the Cleaning Program, and clean the facades, roofs, and other exterior surfaces so as to remove such accumulations. The work would be performed by NYSDOL licensed asbestos contractors with DEP and NYSDOL certified workers. The fees and expenses of the asbestos contractor in performing the work will be paid for by the DEP.

The work will be monitored by DEP personnel. An independent third-party air monitoring firm will also be engaged to take air samples at designated points around the perimeter of the working area. The U.S. Occupational Safety and Health Administration (OSHA) will provide oversight for worker safety. The fees and expenses of DEP personnel in monitoring the work and the fees and expenses of the third-party air monitoring firm in taking and analyzing air samples will be paid for by DEP.



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

(718) DEP-HELP

## WTC Visual Survey Form

|                                                                                                                                      |                                                                            |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------|
| <b>Premise Address:</b> <u>94 Chamber street</u>                                                                                     |                                                                            |                                         |
| Block: <u>135</u>                                                                                                                    | Residential <input type="checkbox"/> Commercial <input type="checkbox"/>   | Name of Building:                       |
| Lot: <u>19</u>                                                                                                                       | Mix Use <input checked="" type="checkbox"/> Other <input type="checkbox"/> |                                         |
| # of Stories:                                                                                                                        | AKA's:                                                                     |                                         |
| Building Owner/Management: <u>120 Park Row Realty Corp.</u> Telephone Number: <u>(718) 849-5217</u>                                  |                                                                            |                                         |
| Name: <u>Mike Digiclamco</u> FAX: ( )                                                                                                |                                                                            |                                         |
| Address:                                                                                                                             |                                                                            |                                         |
| <b>On Site Contact:</b>                                                                                                              |                                                                            |                                         |
| Name: <u>Ken Flo Jacobs / Tenant</u>                                                                                                 |                                                                            | Telephone Number: <u>(212) 227-3144</u> |
| <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Locations: <u>IN Apt 5 by Insurance company</u> |                                                                            |                                         |
| ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____                                               |                                                                            |                                         |
| 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:

## Facade:

|       |                              | Inspected                                                           | Debris                                                    |                                  |                               |
|-------|------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|-------------------------------|
| North | <input 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" |
| South | <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" |
| East  | <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" |
| 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" |

Facade Description: \_\_\_\_\_

## Roof

Debris: ☒ No Visible/Fine Layer ☒ ½ to 1" ☐ > 1"

Description: Mud like debris observed near & drain. Gutters observed with mud like debris.

Setbacks ☒ N/A

|              |                                                        |                                  |                               |
|--------------|--------------------------------------------------------|----------------------------------|-------------------------------|
| 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" |

## Comments

Need to contact owner to advise the sampling of debris.

Date: 01/24/2002
 Inspection Team: Name: R. Fitzpatrick  
 Name: R. RAMMELMAN

 Agency: US EPA  
 Agency: NYC DEP