



**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

EL 758388089US

February 12, 2002

Jeflie Co  
277 Broadway, 4th Fl  
New York, NY 10007-2029

Subject: 77 CHAMBERS STREET

Dear Sir/ Madam:

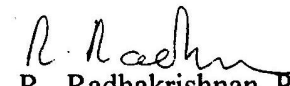
In September 2001, the New York City Department and Environmental Protection (NYC DEP) and the Department of Health (NYC DOH) advised building owners regarding building maintenance and re-occupancy issues following the collapse of the World Trade Center. The steps included the professional assessment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



(718) DEP-HELP

## WTC Visual Survey Form

|                                                                                                       |                                                                                     |                                         |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Premise Address:</b> <u>77 Chambers St</u>                                                         |                                                                                     |                                         |
| <b>Block:</b> <u>149</u>                                                                              | Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> | <b>Name of Building:</b>                |
| <b>Lot:</b> <u>2</u>                                                                                  | 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> (212) 233-5688 |
| <b>Name:</b> <u>Jeffite Jeffite Co</u>                                                                |                                                                                     | <b>FAX:</b> ( )                         |
| <b>Address:</b> <u>277 Broadway, 6th Floor</u>                                                        |                                                                                     |                                         |
| <b>On Site Contact:</b>                                                                               |                                                                                     |                                         |
| <b>Name:</b> <u>All Haxhija - Super</u>                                                               |                                                                                     | <b>Telephone Number:</b> (212) 233-5688 |
| <b>Building Owner Management Activities</b>                                                           |                                                                                     |                                         |
| Interior Survey Performed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |                                                                                     |                                         |
| Exterior Survey Performed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |                                                                                     |                                         |
| General Clean Up <input checked="" 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 checked="" 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 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 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" |
| West                                                                                                                                                                            | <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" |
| <b>Facade Description:</b> <u>Broken windows etc.</u>                                                                                                                           |                                                        |                                                                     |                                                           |                                  |                               |
|                                                                                                                                                                                 |                                                        |                                                                     |                                                           |                                  |                               |
| <b>Roof</b>                                                                                                                                                                     |                                                        |                                                                     |                                                           |                                  |                               |
| <b>Debris:</b> <input checked="" type="checkbox"/> No Visible /Fine Layer <sup>Light dust</sup> <input type="checkbox"/> ½ to 1" of dust <input type="checkbox"/> > 1" of dust. |                                                        |                                                                     |                                                           |                                  |                               |
| <b>Description:</b> _____                                                                                                                                                       |                                                        |                                                                     |                                                           |                                  |                               |
|                                                                                                                                                                                 |                                                        |                                                                     |                                                           |                                  |                               |
| <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: 1/24/2002Inspection Team: Name: R. FitzpatrickAgency: USEPAName: R. RamncharAgency: NYC DEP

Page: 1 Document Name: Extra

01/29/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
77..... CHAMBERS STREET..... 1 MANHATTAN 10007 BIN# 1001624

## DCP GEOGRAPHICAL INFORMATION:

CHAMBERS STREET 77 - 77

HEALTH AREA : 77 TAX BLK: 149..

CENSUS TRACT: 1000 TAX LOT: 2....

COMMUNITY BD: 101 CONDO :

MULTI STRUCT: 1 CUI NO :

## DOF OWNER NAME &amp; ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE

OWNER NAME : JEFLIE CO

JEFLIE CO

CORP. NAME :

LPC LANDMARK STATUS: LANDMARK

ADDRESS : 277 BROADWAY

DOB LOCAL LAW STATUS: YES

NEW YORK NY 10007-2029

## DOF BUILDING INFORMATION:

TRANS LAND VALUE: 409,000

BLDG SIZE; 0025.00 X 0075.00

TAX EXEMPT FLAG : NO

LOT SIZE: 0025.00 X 0075.00

TAX EXEMPT CLASS:

BLDG CLASS : L8 LOFT BUILDING

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:

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PF1 =PREV PF2 =MAIN PF7 = NEW ADDRESS PF8 = NEW BLK/LOT PF9 = NEW BIN

Date: 1/29/ 2 Time: 11:47:25 AM