

# WTC Visual Survey Form

**Premise Address:**  
79 Chambers St.

**Block:** 79 **Residential** ☐ **Commercial** ☒ **Name of Building:**  
**Lot:** 79 **Mix Use** ☐ **Other** ☐ The 79 Company

**# of Stories:** 5 **AKA's:** \_\_\_\_\_

**Building Owner/Management:** \_\_\_\_\_ **Telephone Number:** (212) 233-5455  
**Name:** The 79 Company **FAX:** ( ) \_\_\_\_\_

**Address:** 277 Broadway, 4th Floor

**On Site Contact:** \_\_\_\_\_ **Telephone Number:** (212) 233-5455  
**Name:** ALI HAKHIZIA - SUPER

**Building Owner Management Activities**  
 Interior Survey Performed ☐ Yes ☒ No  
 Exterior Survey Performed ☐ Yes ☒ No  
 General Clean Up ☒ Yes ☐ No **Locations:** \_\_\_\_\_  
 ACM Clean Up ☐ Yes ☐ No **Locations:** \_\_\_\_\_  
 Air Monitoring ☐ Yes ☒ No **Locations:** \_\_\_\_\_

**Copies of All Reports and Data Requested** ☐ Yes

## Visual Inspection Results:

**Facade:**

|                                               | Inspected                                                           | Debris                                                                                                                     |
|-----------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| 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"/> 1/2 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"/> 1/2 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"/> 1/2 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"/> 1/2 to 1" <input type="checkbox"/> > 1"            |

**Facade Description:** Broken windows etc

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**Roof**

**Debris:** ☒ No Visible /Fine Layer Light dust ☐ 1/2 to 1" 1 dust ☐ > 1" 1 dust

**Description:** \_\_\_\_\_

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**Setbacks** N/A ☒

| Floor: | Debris:                                                                                                         |
|--------|-----------------------------------------------------------------------------------------------------------------|
| _____  | <input type="checkbox"/> No Visible/Fine Layer <input type="checkbox"/> 1/2 to 1" <input type="checkbox"/> > 1" |
| _____  | <input type="checkbox"/> No Visible/Fine Layer <input type="checkbox"/> 1/2 to 1" <input type="checkbox"/> > 1" |
| _____  | <input type="checkbox"/> No Visible/Fine Layer <input type="checkbox"/> 1/2 to 1" <input type="checkbox"/> > 1" |
| _____  | <input type="checkbox"/> No Visible/Fine Layer <input type="checkbox"/> 1/2 to 1" <input type="checkbox"/> > 1" |
| _____  | <input type="checkbox"/> No Visible/Fine Layer <input type="checkbox"/> 1/2 to 1" <input type="checkbox"/> > 1" |

**Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: 1/1/24/2002

Inspection Team: Name: R. Fitzpatrick  
 Name: E. Rammenan

Agency: U.S. EPA  
 Agency: NYC DEP