

## WTC Visual Survey Form

1001634

|                                                                                            |                                                                          |                              |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|
| <b>Premise Address:</b> 57 READE ST                                                        |                                                                          |                              |
| <b>Block:</b> 149                                                                          | Residential <input type="checkbox"/> Commercial <input type="checkbox"/> | <b>Name of Building:</b>     |
| <b>Lot:</b> 31                                                                             | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>          | Chase Bank                   |
| <b># of Stories:</b>                                                                       | <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>                                                |                                                                          |                              |
| 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 Locations: _____ |                                                                          |                              |
| ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____     |                                                                          |                              |
| Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____   |                                                                          |                              |
| <b>Copies of All Reports and Data Requested</b> <input checked="" type="checkbox"/> Yes    |                                                                          |                              |

**Visual Inspection Results:**

|                                                                                                                                                     |                                                        |                                                                     |                                                                     |                                                                       |                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>Facade:</b>                                                                                                                                      |                                                        |                                                                     |                                                                     |                                                                       |                                                                       |
| North                                                                                                                                               | <input 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/ <del>Fine Layer</del> |
| South                                                                                                                                               | <input type="checkbox"/> N/A                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> No Visible/ <del>Fine Layer</del> | <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"/> 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"/> 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>                                                                                                                          |                                                        |                                                                     |                                                                     |                                                                       |                                                                       |
|                                                                                                                                                     |                                                        |                                                                     |                                                                     |                                                                       |                                                                       |
| <b>Roof</b>                                                                                                                                         |                                                        |                                                                     |                                                                     |                                                                       |                                                                       |
| <b>Debris:</b> <input checked="" type="checkbox"/> No Visible/ <del>Fine Layer</del> <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                                                        |                                                                     |                                                                     |                                                                       |                                                                       |
| <b>Description:</b>                                                                                                                                 |                                                        |                                                                     |                                                                     |                                                                       |                                                                       |
|                                                                                                                                                     |                                                        |                                                                     |                                                                     |                                                                       |                                                                       |
| <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>                                                                                                                                     |                                                        |                                                                     |                                                                     |                                                                       |                                                                       |
|                                                                                                                                                     |                                                        |                                                                     |                                                                     |                                                                       |                                                                       |
|                                                                                                                                                     |                                                        |                                                                     |                                                                     |                                                                       |                                                                       |
|                                                                                                                                                     |                                                        |                                                                     |                                                                     |                                                                       |                                                                       |

Date: 4/10/2002

Inspection Team: Name: Ramnathan

Agency: DEP

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

ENTERED



**The City of New York**  
**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*  
~~February~~ 10, 2002

**Building Owner Name:** The Building Owner.

**Address:** 57 Reade St.

NYC NY

**Subject:** 57 Reade 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*  
**for R. Radhakrishnan, P.E.**  
 Director  
 Asbestos Control Program



Page: 1 Document Name: Extra

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04/15/02          N.Y.C. DEPARTMENT OF BUILDINGS          BISPI031
          MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY
279..... BROADWAY..... 1 MANHATTAN          10007 BIN# 1001634
DCP GEOGRAPHICAL INFORMATION:
BROADWAY          279 - 283          HEALTH AREA : 77          TAX BLK: 149..
READE STREET          57 - 57          CENSUS TRACT: 1000          TAX LOT: 31...
          COMMUNITY BD: 101          CONDO :
          MULTI STRUCT: 1          CUI NO :
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE
OWNER NAME : 281 BROADWAY ASSOC          281 BROADWAY ASSOC
CORP. NAME :          LPC LANDMARK STATUS: NO
ADDRESS : 325          BROADWAY          DOB LOCAL LAW STATUS: NO
          NEW YORK NY 10007-1112
DOF BUILDING INFORMATION:          TRANS LAND VALUE: 3,350,000
BLDG SIZE: 0050.00 X 0123.00          TAX EXEMPT FLAG : NO
LOT SIZE: 0050.00 X 0096.17          TAX EXEMPT CLASS:
BLDG CLASS : 06 OFFICE BUILDING          CITY OWNERSHIP : NO
STORIES : 5          UPDATE DATE : 03/25/02
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

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Date: 4/15/ 2 Time: 03:40:52 PM

**NYC DEP**

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

**Service Request Inspection Detail**

**Report Date** 03/20/2002 01:41 PM

**Submitted By**

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**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