

## WTC Visual Survey Form

|                                                                                            |                                                                                                                                                                                    |                              |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>Premise Address:</b> <u>5 Day St</u>                                                    |                                                                                                                                                                                    |                              |
| <b>Block:</b> <u>63</u>                                                                    | <b>Residential</b> <input type="checkbox"/> <b>Commercial</b> <input checked="" type="checkbox"/><br><b>Mix Use</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> | <b>Name of Building:</b>     |
| <b>Lot:</b> <u>12</u>                                                                      |                                                                                                                                                                                    |                              |
| <b># of Stories:</b>                                                                       | <b>AKA's:</b> <u>5-7 Day St</u>                                                                                                                                                    |                              |
| <b>Building Owner/Management:</b>                                                          |                                                                                                                                                                                    | <b>Telephone Number:</b> ( ) |
| <b>Name:</b> <u>Sakela Brothers LLC</u>                                                    |                                                                                                                                                                                    | <b>FAX:</b> ( )              |
| <b>Address:</b> <u>5 Day St NYC 10007</u>                                                  |                                                                                                                                                                                    |                              |
| <b>On Site Contact:</b>                                                                    |                                                                                                                                                                                    | <b>Telephone Number:</b> ( ) |
| <b>Name:</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 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>                                                                                                               |                              |                                                          |                                                |                                  |                               |
|                                                                                                                                          |                              |                                                          |                                                |                                  |                               |
| <b>Roof</b>                                                                                                                              |                              |                                                          |                                                |                                  |                               |
| <b>Debris:</b> <input type="checkbox"/> No Visible /Fine Layer <input checked="" type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                              |                                                          |                                                |                                  |                               |
| <b>Description:</b> <u>Still with WTC materials scattered all over the roof</u>                                                          |                              |                                                          |                                                |                                  |                               |
|                                                                                                                                          |                              |                                                          |                                                |                                  |                               |
| <b>Setbacks</b> <input type="checkbox"/> 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"    |                               |
| <b>Comments</b>                                                                                                                          |                              |                                                          |                                                |                                  |                               |
|                                                                                                                                          |                              |                                                          |                                                |                                  |                               |
|                                                                                                                                          |                              |                                                          |                                                |                                  |                               |
|                                                                                                                                          |                              |                                                          |                                                |                                  |                               |

Date: 8/12/2002Inspection Team: Name: AL

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

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

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

ENTERED

## WTC Visual Survey Form

J Dey

|                                                                                                                                        |                                                                                     |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Premise Address:</b><br>5 - 7 DEY ST                                                                                                |                                                                                     |                                         |
| <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> 16                                                                                                                | <b>AKA's:</b>                                                                       |                                         |
| <b>Building Owner/Management:</b>                                                                                                      |                                                                                     | <b>Telephone Number:</b> ( )            |
| Name: MICHAEL SAHLE & <del>REDACTED</del> LLC                                                                                          |                                                                                     | <b>FAX:</b> ( )                         |
| <b>Address:</b>                                                                                                                        |                                                                                     |                                         |
| <b>On Site Contact:</b> SUPER                                                                                                          |                                                                                     |                                         |
| Name: NICK SYLAJ                                                                                                                       |                                                                                     | <b>Telephone Number:</b> (212) 964-1586 |
| <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: INSIDE & OUTSIDE (CRYSTAL RESTORATION) |                                                                                     |                                         |
| ACM Clean Up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Locations:                                            |                                                                                     |                                         |
| Air Monitoring <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Locations: 4 DIFFERENT LOCATIONS                    |                                                                                     |                                         |
| → ↓ North Atlantic Labs (631) 957-0400                                                                                                 |                                                                                     |                                         |
| <b>Copies of All Reports and Data Requested</b> <input checked="" type="checkbox"/> Yes                                                |                                                                                     |                                         |

## Visual Inspection Results:

## Facade:

|       |                                         | Inspected                                                | Debris                                         |                                  |                               |
|-------|-----------------------------------------|----------------------------------------------------------|------------------------------------------------|----------------------------------|-------------------------------|
| 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 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" |
| 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" |

Facade Description:

## Roof

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

Description: VISIBLE DEBRIS OBSERVED BULK IIZED WITH FINE DUST

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

Date: 1/26/2002

Inspection Team: Name: R. Fitzpatrick

Agency: US EPA

Name: R. R. AMMONIAN

Agency: NYCDPR

RF 8A

ASBESTOS INSPECTION REPORT

PAGE 1 OF

|                                                               |                  |                    |                                      |                                                            |                                |                     |
|---------------------------------------------------------------|------------------|--------------------|--------------------------------------|------------------------------------------------------------|--------------------------------|---------------------|
| PERMISE NO. <b>5-7</b> STREET <b>Day Street</b>               |                  |                    |                                      |                                                            | INSPECTION DATE <b>9/21/02</b> |                     |
| DOOR <b>Main</b>                                              | ZIP <b>10007</b> | BORO CODE <b>1</b> | BLOCK                                | LOT                                                        | SQUAD #                        | BADGE # <b>AD10</b> |
| INSPECTOR <b>PLUMPTRE</b>                                     |                  | BLDG TYPE          | BASIS OF INSPECT. <b>TRU1506Mn02</b> |                                                            | PHOTOS TAKEN YES / NO          |                     |
| CONTRACTORS NAME <b>FIBER CONTROL</b>                         |                  |                    |                                      | SAMPLE NO.                                                 |                                |                     |
| ADDRESS <b>3010 BURNS AVE</b> CITY <b>WANTACH</b>             |                  |                    |                                      | SAMPLE NO.                                                 |                                |                     |
| STATE <b>N.Y</b> ZIP <b>11793</b> PHONE <b>(516) 781-3000</b> |                  |                    |                                      | SAMPLE NO.                                                 |                                |                     |
| LABORATORY NAME <b>WARREN &amp; PAUZE ENGINEERS, PC</b>       |                  |                    |                                      | OWNERS NAME <b>SAKEBE Brothers Co</b>                      |                                |                     |
| ADDRESS <b>228 E. 45TH ST</b> CITY <b>N.Y</b>                 |                  |                    |                                      | ADDRESS <b>7 Day Street</b> CITY <b>N.Y</b>                |                                |                     |
| STATE <b>N.Y</b> ZIP <b>10017</b> PHONE <b>(212) 922-0077</b> |                  |                    |                                      | STATE <b>N.Y</b> ZIP <b>10007</b> PHONE                    |                                |                     |
| CONTACT PERSON:                                               |                  |                    |                                      | TIME OF INSPECTION FROM: <b>8:15 am</b> TO: <b>9:20 am</b> |                                |                     |
| INSPECTION DISCLOSED:                                         |                  |                    |                                      |                                                            |                                |                     |

Prior to the Cleanup of the roof and the main Street Awnings, the roof has been cleaned and there was no visible debris observed on it. A new roof is being installed before my arrival.

The only thing to clean is the Awnings on the street which was cleaned on 9/21/02. After the Cleanup, there was no visible debris observed on and underneath the Awnings.

|       |             |  |  |  |  |                                |
|-------|-------------|--|--|--|--|--------------------------------|
| NOV # | INFRACTIONS |  |  |  |  | RESULT CODE <b>5</b>           |
| NOV # |             |  |  |  |  | SUPERVISORS INITIALS <b>PL</b> |

BORO 1 - MANHATTAN 2 - BRONX 3 - BROOKLYN 4 - QUEENS 5 - RICHMOND

BLDG TYPE A > 6 Stories B < 6 Stories C Single Family  
D School E Hospital F Public Owned Property

RESULT CODES 1 - Violation Issued 2 - No Violations Issued 3 - No Access  
4 - Project not Started (No NOV) 5 - Project Completed (No NOV)

6 CP 300

FILE



**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

September 3, 2002

**TO: Sakele Brothers, LLC  
5 Dey Street  
New York, NY 10007-3105**

**RE: 5 DEY STREET  
7 Dey Street  
FINAL NOTICE**

Dear Sakele Brothers, LLC:

I am writing with regard to 5 DEY STREET which was inspected by DEP on 08/28/02. During this inspection, debris from the collapse of the World Trade Center towers was observed on the exterior surfaces of the building.

You have been previously contacted with regard to participating in DEP's Lower Manhattan Building Cleaning Program. Under this program, contractors retained by DEP will clean all exterior building surfaces affected by World Trade Center debris at no cost to the building owner.

The Building Cleaning Program is now drawing to a close, and we have yet to receive a response from you regarding your participation. If you do not participate in the Program, the building will be scheduled for another DEP inspection in the near future. If that inspection shows that there is still visible debris from the World Trade Center on the exterior of the building, samples will be collected. If laboratory analysis of these samples shows that the debris is asbestos-containing material, you will then be issued a Commissioner's Order directing you to retain a contractor to clean the exterior of the building. Such cleaning would be at your expense, and failure to comply with the Commissioner's Order could result in the issuance of notices of violation carrying penalties of up to \$10,000 per day.

You are strongly urged to take advantage of the Building Cleaning Program. A blank License Agreement has been attached for your convenience. Please fill in the appropriate information and sign and return the form as soon as possible.

If you have any questions, please call 718-595-3682 during office hours, or the 24-hour Help Center at 718-DEP-HELP. Your cooperation is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Radhakrishnan".

R. Radhakrishnan, P.E.

Director

Asbestos Control Program



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

(718) DEP-HELP