



**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

**EL758387755US**

February 12, 2002

Hudson Chambers Co  
42-12 28th Street  
LIC, NY 11101-4179

**Subject: 157 CHAMBERS STREET  
159 Chambers St**

Dear Sir/ Madam:

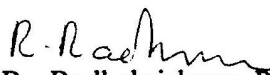
In September 2001, the New York City Department and Environmental Protection (NYC DEP) and the Department of Health (NYC DOH) advised building owners regarding building maintenance and re-occupancy issues following the collapse of the World Trade Center. The steps included the professional assessment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



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

(718) DEP-HELP

## WTC Visual Survey Form

|                                                                                                            |                                                                                     |                                  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|
| Premise Address: <u>157 Chambers St</u>                                                                    |                                                                                     |                                  |
| Block: <u>140</u>                                                                                          | Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> | Name of Building:                |
| Lot: <u>10</u>                                                                                             | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>                     |                                  |
| # of Stories:                                                                                              | AKA's:                                                                              |                                  |
| Building Owner/Management:                                                                                 |                                                                                     | Telephone Number: (78) 786-5850  |
| Name: <u>Greiner Maltz</u>                                                                                 |                                                                                     | FAX: ( )                         |
| Address:                                                                                                   |                                                                                     |                                  |
| On Site Contact:                                                                                           |                                                                                     | Telephone Number: (212) 732-0277 |
| Name: <u>Buonincontri</u>                                                                                  |                                                                                     |                                  |
| Building Owner Management Activities                                                                       |                                                                                     |                                  |
| 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>N/A</u> |                                                                                     |                                  |
| ACM Clean Up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Locations: <u>N/A</u>     |                                                                                     |                                  |
| Air Monitoring <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Locations: <u>N/A</u>   |                                                                                     |                                  |
| Copies of All Reports and Data Requested <input type="checkbox"/> Yes                                      |                                                                                     |                                  |

## Visual Inspection Results:

|                                                                                                                                   |                                                        |                                                          |                                                |                                  |                               |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|----------------------------------|-------------------------------|
| Facade:                                                                                                                           |                                                        |                                                          |                                                |                                  |                               |
| North                                                                                                                             | <input type="checkbox"/> N/A                           | Inspected                                                | Debris                                         | <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: <u>Cleaned</u>                                                                                                |                                                        |                                                          |                                                |                                  |                               |
| Roof                                                                                                                              |                                                        |                                                          |                                                |                                  |                               |
| Debris: <input checked="" type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                                                        |                                                          |                                                |                                  |                               |
| Description: _____                                                                                                                |                                                        |                                                          |                                                |                                  |                               |
| Setbacks <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"                  |                                  |                               |
| Comments: <u>The entire Bldg is cleaned</u>                                                                                       |                                                        |                                                          |                                                |                                  |                               |

Date: 9/1/24/2002Inspection Team: Name: Al PlumptreName: Mr. HortonAgency: NYC DEPAgency: NYSDOT

# WTC Visual Survey Form

|                                                                                            |                                                                                     |                                       |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|
| <b>Premise Address:</b> 157 Chambers                                                       |                                                                                     |                                       |
| <b>Block:</b>                                                                              | Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> | <b>Name of Building:</b>              |
| <b>Lot:</b>                                                                                | Mix Use <input checked="" type="checkbox"/> Other <input type="checkbox"/>          |                                       |
| <b># of Stories:</b> 16                                                                    | <b>AKA's:</b>                                                                       |                                       |
| <b>Building Owner/Management:</b>                                                          |                                                                                     | <b>Telephone Number:</b> ( ) 732 027  |
| Name: GREINER-MALTZ MANAGEMENT, Inc                                                        |                                                                                     | FAX: ( )                              |
| Address:                                                                                   |                                                                                     |                                       |
| <b>On Site Contact:</b>                                                                    |                                                                                     | <b>Telephone Number:</b> ( ) 587 9171 |
| Name: UDDIN MOHAMMED (Security)                                                            |                                                                                     |                                       |
| <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: _____   |                                                                                     |                                       |
| Copies of All Reports and Data Requested <input type="checkbox"/> Yes                      |                                                                                     |                                       |

## Visual Inspection Results:

|                                                                                                                          |                                                                   |                                                                     |                                                |                                               |                               |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|-------------------------------|
| <b>Facade:</b>                                                                                                           |                                                                   |                                                                     |                                                |                                               |                               |
| North                                                                                                                    | <input type="checkbox"/> N/A                                      | <b>Inspected</b>                                                    | <b>Debris</b>                                  | <input checked="" 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 type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> 1/2 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"/> 1/2 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"/> 1/2 to 1"            | <input type="checkbox"/> > 1" |
| Facade Description: Windows Dirty<br>Inspected from Street                                                               |                                                                   |                                                                     |                                                |                                               |                               |
| <b>Roof</b>                                                                                                              |                                                                   |                                                                     |                                                |                                               |                               |
| Debris: <input type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> 1/2 to 1" <input type="checkbox"/> > 1" |                                                                   |                                                                     |                                                |                                               |                               |
| Description: No Asph                                                                                                     |                                                                   |                                                                     |                                                |                                               |                               |
| <b>Setbacks</b> N/A <input type="checkbox"/>                                                                             |                                                                   |                                                                     |                                                |                                               |                               |
| Floor: _____                                                                                                             | Debris: <input type="checkbox"/> No Visible/Fine Layer            | <input type="checkbox"/> 1/2 to 1"                                  | <input type="checkbox"/> > 1"                  |                                               |                               |
| Floor: _____                                                                                                             | Debris: <input type="checkbox"/> No Visible/Fine Layer            | <input type="checkbox"/> 1/2 to 1"                                  | <input type="checkbox"/> > 1"                  |                                               |                               |
| Floor: _____                                                                                                             | Debris: <input type="checkbox"/> No Visible/Fine Layer            | <input type="checkbox"/> 1/2 to 1"                                  | <input type="checkbox"/> > 1"                  |                                               |                               |
| Floor: _____                                                                                                             | Debris: <input type="checkbox"/> No Visible/Fine Layer            | <input type="checkbox"/> 1/2 to 1"                                  | <input type="checkbox"/> > 1"                  |                                               |                               |
| Floor: PH                                                                                                                | Debris: <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> 1/2 to 1"                                  | <input type="checkbox"/> > 1"                  |                                               |                               |
| <b>Comments</b>                                                                                                          |                                                                   |                                                                     |                                                |                                               |                               |
|                                                                                                                          |                                                                   |                                                                     |                                                |                                               |                               |
|                                                                                                                          |                                                                   |                                                                     |                                                |                                               |                               |
|                                                                                                                          |                                                                   |                                                                     |                                                |                                               |                               |

Date: 01/26/2002

Inspection Team: Name: AL

Name: HENRIK

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

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

A2H19

Page: 1 Document Name: Extra

01/29/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
157..... CHAMBERS STREET..... 1 MANHATTAN 10007 BIN# 1001505  
DCP GEOGRAPHICAL INFORMATION:  
CHAMBERS STREET 157 - 163 HEALTH AREA : 77 TAX BLK: 140..  
CENSUS TRACT: 2001 TAX LOT: 10...  
COMMUNITY BD: 101 CONDO :  
MULTI STRUCT: 1 CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
OWNER NAME : HUDSON CHAMBERS CO HUDSON CHAMBERS CO  
CORP. NAME : LPC LANDMARK STATUS: NO  
ADDRESS : 4212 28TH ST DOB LOCAL LAW STATUS: YES  
LIC NY 11101-4179  
DOF BUILDING INFORMATION: TRANS LAND VALUE: 4,380,000  
BLDG SIZE; 0100.00 X 0076.00 TAX EXEMPT FLAG : NO  
LOT SIZE: 0100.00 X 0076.42 TAX EXEMPT CLASS:  
BLDG CLASS : 09 OFFICE BUILDING CITY OWNERSHIP : NO  
STORIES : 6 UPDATE DATE : 01/12/02  
FOR CITY } MGMT TYPE: MGMT CODE: MGMT CODE NAME:  
OWNERSHIP } MGMT HOLDER CODE: MGMT HOLDER CODE NAME:  
-----  
PF1 =PREV PF2 =MAIN PF7 = NEW ADDRESS PF8 = NEW BLK/LOT PF9 = NEW BIN

Date: 1/29/ 2 Time: 05:01:08 PM

Page: 1 Document Name: Extra

01/29/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
157..... CHAMBERS STREET..... 1 MANHATTAN 10007 BIN# 1001505  
DCP GEOGRAPHICAL INFORMATION:  
CHAMBERS STREET 157 - 163 HEALTH AREA : 77 TAX BLK: 140..  
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COMMUNITY BD: 101 CONDO :  
MULTI STRUCT: 1 CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
OWNER NAME : HUDSON CHAMBERS CO HUDSON CHAMBERS CO  
CORP. NAME : LPC LANDMARK STATUS: NO  
ADDRESS : 4212 28TH ST DOB LOCAL LAW STATUS: YES  
LIC NY 11101-4179  
DOF BUILDING INFORMATION: TRANS LAND VALUE: 4,380,000  
BLDG SIZE: 0100.00 X 0076.00 TAX EXEMPT FLAG : NO  
LOT SIZE: 0100.00 X 0076.42 TAX EXEMPT CLASS:  
BLDG CLASS : 09 OFFICE BUILDING CITY OWNERSHIP : NO  
STORIES : 6 UPDATE DATE : 01/12/02  
FOR CITY } MGMT TYPE: MGMT CODE: MGMT CODE NAME:  
OWNERSHIP } MGMT HOLDER CODE: MGMT HOLDER CODE NAME:  
-----  
PF1 =PREV PF2 =MAIN PF7 = NEW ADDRESS PF8 = NEW BLK/LOT PF9 = NEW BIN

Date: 1/29/ 2 Time: 05:01:19 PM