

# WTC Visual Survey Form

|                                                                                    |                                                                                     |                                 |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|
| <b>Premise Address:</b> <u>259 Front St</u>                                        |                                                                                     |                                 |
| <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>                                                               | <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>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> <u>Cleaned</u>                                                                                                |                                                        |                                                          |                                                |                                  |                               |
|                                                                                                                                          |                                                        |                                                          |                                                |                                  |                               |
| <b>Roof</b>                                                                                                                              |                                                        |                                                          |                                                |                                  |                               |
| <b>Debris:</b> <input checked="" type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                                                        |                                                          |                                                |                                  |                               |
| <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:** 4/24/2002

**Inspection Team: Name:** AL

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

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

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

**ENTERED**



**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 26 2002

**Building Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

259 Front St  
NYC

**Subject:** \_\_\_\_\_

**Dear Sir/ Madam:**

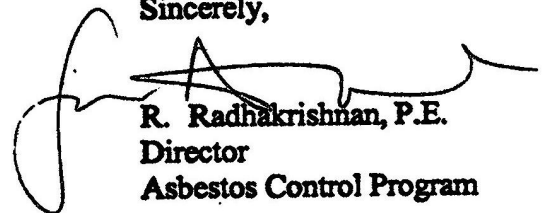
In September 2001, the New York City Department and Environmental Protection (NYC DEP) and the Department of Health (NYC DOH) advised building owners regarding building maintenance and re-occupancy issues following the collapse of the World Trade Center. The steps included the professional assessment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

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04/29/02          N.Y.C. DEPARTMENT OF BUILDINGS          BISPI031
          MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY
259..... FRONT STREET..... 1 MANHATTAN          10038 BIN# 1079138
DCP GEOGRAPHICAL INFORMATION:
FRONT STREET          259 - 259          HEALTH AREA : 77          TAX BLK: 107..
DOVER STREET          34 - 34          CENSUS TRACT: 11000          TAX LOT: 26...
DOVER STREET          36 - 36          COMMUNITY BD: 101          CONDO :
DOVER STREET          38 - 38          MULTI STRUCT: 3          CUI NO :
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE
OWNER NAME : S DURANTE SON INC          S DURANTE SON INC
CORP. NAME :          LPC LANDMARK STATUS: NO
ADDRESS : 160          SOUTH ST          DOB LOCAL LAW STATUS: NO
          NEW YORK NY 10038-1715
DOF BUILDING INFORMATION:
BLDG SIZE: 0025.00 X 0069.00          TRANS LAND VALUE: 705,000
LOT SIZE: 0023.33 X 0073.25          TAX EXEMPT FLAG : NO
BLDG CLASS : L9 LOFT BUILDING          TAX EXEMPT CLASS:
STORIES : 4          CITY OWNERSHIP : NO
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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