

## WTC Visual Survey Form

1084594

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------|
| <b>Premise Address:</b> 18 18 PL                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                           |
| Block: 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Residential <input type="checkbox"/> Commercial <input type="checkbox"/>          | Name of Building:         |
| Lot: 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mix Use <input type="checkbox"/> Other <input checked="" type="checkbox"/> MUSEUM | Museum of Jewish Heritage |
| # of Stories:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AKA's:                                                                            |                           |
| Building Owner/Management Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   | Telephone Number: ( )     |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   | FAX: ( )                  |
| On Site Contact Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   | Telephone Number: ( )     |
| <b>Building Owner Management Activities</b><br>Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>General Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____<br>ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____<br>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                           | Inspected                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Debris | <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" |
| Facade Description: <u>Cleaned</u>                                                                                                |                                                        |                                  |                                                          |        |                                                                                                               |
| <b>Roof</b>                                                                                                                       |                                                        |                                  |                                                          |        |                                                                                                               |
| Debris: <input checked="" type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                                                        |                                  |                                                          |        |                                                                                                               |
| Description: _____                                                                                                                |                                                        |                                  |                                                          |        |                                                                                                               |
| <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"                            |        |                                                                                                               |
| Comments: <u>Bldg under Construction</u>                                                                                          |                                                        |                                  |                                                          |        |                                                                                                               |

Date: 5/18/2002

Inspection Team: Name: AC

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

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

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



**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

*May*  
~~April~~ 18, 2002

**Building Owner Name:** Museum of - wish He *se*

**Address:** 18 1st fl  
NYC

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

**Dear Sir/ Madam:**

*under  
Construction*

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**



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

(718) DEP-HELP