

# WTC Visual Survey Form

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|                                                                                            |                                                                                                         |                              |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------|
| <b>Premise Address:</b> 179 Duane St                                                       |                                                                                                         |                              |
| <b>Block:</b> 143                                                                          | <b>Residential</b> <input checked="" type="checkbox"/> <b>Commercial</b> <input type="checkbox"/>       | <b>Name of Building:</b>     |
| <b>Lot:</b> 7502                                                                           | <b>Mix Use</b> <input type="checkbox"/> <b>Other</b> <input checked="" type="checkbox"/> Condo landmark |                              |
| <b># of Stories:</b> 5                                                                     | <b>AKA's:</b> 177-179 Duane                                                                             |                              |
| <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> XIOAE                                                                         |                                                                                                         |                              |
| <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:

| Facade: |                              | Inspected                                                           | Debris                                                    |                                    |                               |
|---------|------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------|-------------------------------|
| North   | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> 1/2 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"/> 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:** \_\_\_\_\_

## Roof

**Debris:** ☒ No Visible /Fine Layer ☐ 1/2 to 1" ☐ > 1"

**Description:** \_\_\_\_\_

## Setbacks N/A ☐

|              |                                                        |                                    |                               |
|--------------|--------------------------------------------------------|------------------------------------|-------------------------------|
| 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: _____ | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> 1/2 to 1" | <input type="checkbox"/> > 1" |

## Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: 5/1/2002

Inspection Team: Name: CARL

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

February 2002

*April 5,*

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

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

**Subject:** 179 Duane 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,

*[Handwritten Signature]*

R. Radhakrishnan, P.E.  
Director  
Asbestos Control Program



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05/02/02          N.Y.C. DEPARTMENT OF BUILDINGS          BISPIQ31
          MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY
177..... DUANE STREET..... 1 MANHATTAN          10013 BIN# 1077430
DCP GEOGRAPHICAL INFORMATION:
DUANE STREET          177 - 179          HEALTH AREA : 77          TAX BLK: 143..
          CENSUS TRACT: 1016          TAX LOT: 7502.
          COMMUNITY BD: 101          CONDO :
          MULTI STRUCT: 1          CUI NO :

DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE
OWNER NAME :
CORP. NAME :          LPC LANDMARK STATUS: LANDMARK
ADDRESS : DUANE STREET          DOB LOCAL LAW STATUS: NO
          NEW YORK NY 10013

DOF BUILDING INFORMATION:          TRANS LAND VALUE: 903,000
BLDG SIZE: 0051.00 X 0084.00          TAX EXEMPT FLAG : NO
LOT SIZE: 0050.67 X 0089.08          TAX EXEMPT CLASS:
BLDG CLASS : RO CONDOMINIUMS          CITY OWNERSHIP : NO
STORIES : 6          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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