

2 STRUCTURES  
2 BIN #'S  
Pull out of 133  
Greenwich

## WTC Visual Survey Form

|                                                                                                                                       |                                                                                     |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|
| <b>Premise Address:</b> <u>23 Thames ST - Closed</u>                                                                                  |                                                                                     |                                 |
| <b>Block:</b> <u>52</u>                                                                                                               | Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> | <b>Name of Building:</b>        |
| <b>Lot:</b> <u>8</u>                                                                                                                  | Mix Use <input type="checkbox"/> Other <input type="checkbox"/>                     |                                 |
| <b># of Stories:</b> <u>3</u>                                                                                                         | <b>AKA's:</b> <u>27 Thames st</u>                                                   |                                 |
| <b>Building Owner/Management:</b>                                                                                                     |                                                                                     | <b>Telephone Number:</b> (    ) |
| <b>Name:</b> <u>None</u>                                                                                                              |                                                                                     | <b>FAX:</b> (    )              |
| <b>Address:</b>                                                                                                                       |                                                                                     |                                 |
| <b>On Site Contact:</b>                                                                                                               |                                                                                     |                                 |
| <b>Name:</b> <u>NONE</u>                                                                                                              |                                                                                     | <b>Telephone Number:</b> (    ) |
| <b>Building Owner Management Activities</b>                                                                                           |                                                                                     |                                 |
| Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 50px;"><u>N/A</u></span> |                                                                                     |                                 |
| 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>                                                                                                                                      |                                                        |                                                                     |                                                          |                                                |                                                                           |
| North                                                                                                                                               | <input checked="" type="checkbox"/> N/A                | <b>Inspected</b>                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Debris</b>                                  | <input type="checkbox"/> No Visible/Fine Layer                            |
| South                                                                                                                                               | <input type="checkbox"/> N/A                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" <input checked="" type="checkbox"/> > 1" |
| East                                                                                                                                                | <input checked="" type="checkbox"/> N/A                | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" <input checked="" type="checkbox"/> > 1" |
| West                                                                                                                                                | <input checked="" type="checkbox"/> N/A                | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <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 checked="" type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> ½ to 1" <input checked="" type="checkbox"/> > 1" |                                                        |                                                                     |                                                          |                                                |                                                                           |
| <b>Description:</b> <u>Inspected from Rooftop of 120 Cedar St</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> <u>Adjacent to School</u>                                                                                                           |                                                        |                                                                     |                                                          |                                                |                                                                           |
|                                                                                                                                                     |                                                        |                                                                     |                                                          |                                                |                                                                           |
|                                                                                                                                                     |                                                        |                                                                     |                                                          |                                                |                                                                           |

Date: 1/25 /2002Inspection Team: Name: CATCAgency: PER

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

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

01/30/02 N.Y.C. DEPARTMENT OF BUILDINGS BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
23..... THAMES STREET..... 1 MANHATTAN 10006 BIN# 1079009  
DCP GEOGRAPHICAL INFORMATION:  
THAMES STREET 21 - 23 HEALTH AREA : 77 TAX BLK: 52...  
GREENWICH STREET 133 - 135 CENSUS TRACT: 2002 TAX LOT: 8....  
THAMES STREET 25 - 29 COMMUNITY BD: 101 CONDO :  
MULTI STRUCT: 2 CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE: DOF OWNER NAME FROM PROPERTY FILE  
OWNER NAME : Y.S.G.F. REALTY LLC C Y.S.G.F. REALTY LLC C  
CORP. NAME : LPC LANDMARK STATUS: NO  
ADDRESS : 19 SINCLAIR DR DOB LOCAL LAW STATUS: NO  
KINGS POINT NY 11024-1621  
DOF BUILDING INFORMATION: TRANS LAND VALUE: 0  
BLDG SIZE; \*\* UNKNOWN \*\* TAX EXEMPT FLAG : NO  
LOT SIZE: \*\* UNKNOWN \*\* TAX EXEMPT CLASS:  
BLDG CLASS : K2 STORE BUILDING CITY OWNERSHIP : NO  
STORIES : 0 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

NOT IN THE  
LIST

## WTC Visual Survey Form

?

|                                                                                               |                                                                                     |                                 |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|
| <b>Premise Address:</b> <u>23 Thames ST - Closed</u>                                          |                                                                                     |                                 |
| <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> <u>3</u>                                                                 | <b>AKA's:</b>                                                                       |                                 |
| <b>Building Owner/Management:</b>                                                             |                                                                                     | <b>Telephone Number:</b> (    ) |
| <b>Name:</b> <u>None</u>                                                                      |                                                                                     | <b>FAX:</b> (    )              |
| <b>Address:</b>                                                                               |                                                                                     |                                 |
| <b>On Site Contact:</b>                                                                       |                                                                                     | <b>Telephone Number:</b> (    ) |
| <b>Name:</b> <u>None</u>                                                                      |                                                                                     |                                 |
| <b>Building Owner Management Activities</b>                                                   |                                                                                     |                                 |
| Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u> |                                                                                     |                                 |
| Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u> |                                                                                     |                                 |
| 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:

North ☒ N/A  
 South ☐ N/A  
 East ☒ N/A  
 West ☒ N/A

## Inspected

☐ Yes ☐ No  
☒ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

## Debris

|                                                |                                  |                                          |
|------------------------------------------------|----------------------------------|------------------------------------------|
| <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1"            |
| <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input checked="" type="checkbox"/> > 1" |
| <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1"            |
| <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: \_\_\_\_\_

Inspected from Rooftop of 120 Cedar St

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

Adjacent to School

Date: 1/25 /2002

Inspection Team: Name: \_\_\_\_\_

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

Agency: PER

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

## WTC Visual Survey Form

|                                                                                                       |                                                                                     |                                 |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|
| <b>Premise Address:</b> <u>23 Thames ST - Closed</u>                                                  |                                                                                     |                                 |
| <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> <u>3</u>                                                                         | <b>AKA's:</b>                                                                       |                                 |
| <b>Building Owner/Management:</b>                                                                     |                                                                                     | <b>Telephone Number:</b> (    ) |
| <b>Name:</b> <u>None</u>                                                                              |                                                                                     | <b>FAX:</b> (    )              |
| <b>Address:</b>                                                                                       |                                                                                     |                                 |
| <b>On Site Contact:</b>                                                                               |                                                                                     | <b>Telephone Number:</b> (    ) |
| <b>Name:</b> <u>None</u>                                                                              |                                                                                     |                                 |
| <b>Building Owner Management Activities</b>                                                           |                                                                                     |                                 |
| Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>         |                                                                                     |                                 |
| Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>         |                                                                                     |                                 |
| General Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u> Locations: _____ |                                                                                     |                                 |
| ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u> Locations: _____     |                                                                                     |                                 |
| Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u> Locations: _____   |                                                                                     |                                 |
| <b>Copies of All Reports and Data Requested</b> <input type="checkbox"/> Yes                          |                                                                                     |                                 |

## Visual Inspection Results:

|                                                                                                                                                     |                                                        |                                                                     |                                                          |                                                |                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Facade:</b>                                                                                                                                      |                                                        |                                                                     |                                                          |                                                |                                                                                                               |
| North                                                                                                                                               | <input checked="" type="checkbox"/> N/A                | <b>Inspected</b>                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Debris</b>                                  | <input type="checkbox"/> No Visible/Fine Layer <input type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |
| South                                                                                                                                               | <input type="checkbox"/> N/A                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" <input checked="" type="checkbox"/> > 1"                                     |
| East                                                                                                                                                | <input checked="" type="checkbox"/> N/A                | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <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"/> 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 checked="" type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> ½ to 1" <input checked="" type="checkbox"/> > 1" |                                                        |                                                                     |                                                          |                                                |                                                                                                               |
| <b>Description:</b> <u>Inspected from Rooftop of 120 Cedar St</u>                                                                                   |                                                        |                                                                     |                                                          |                                                |                                                                                                               |
|                                                                                                                                                     |                                                        |                                                                     |                                                          |                                                |                                                                                                               |
| <b>Setbacks</b> <u>N/A</u> <input 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> <u>Adjacent to School</u>                                                                                                           |                                                        |                                                                     |                                                          |                                                |                                                                                                               |
|                                                                                                                                                     |                                                        |                                                                     |                                                          |                                                |                                                                                                               |
|                                                                                                                                                     |                                                        |                                                                     |                                                          |                                                |                                                                                                               |

Date: 1/25 /2002Inspection Team: Name: CPK

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

Agency: PER

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

# WTC Visual Survey Form

|                                                                                                                                 |                                                                                     |                                 |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|
| <b>Premise Address:</b> <u>27 Thomas St - Closed</u>                                                                            |                                                                                     |                                 |
| <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> <u>3</u>                                                                                                   | <b>AKA's:</b>                                                                       |                                 |
| <b>Building Owner/Management:</b>                                                                                               |                                                                                     | <b>Telephone Number:</b> (    ) |
| Name: <u>NONE</u>                                                                                                               |                                                                                     | <b>FAX:</b> (    )              |
| <b>Address:</b>                                                                                                                 |                                                                                     |                                 |
| <b>On Site Contact:</b>                                                                                                         |                                                                                     |                                 |
| Name:                                                                                                                           |                                                                                     | <b>Telephone Number:</b> (    ) |
| <b>Building Owner Management Activities</b>                                                                                     |                                                                                     |                                 |
| Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">→ NA</span> |                                                                                     |                                 |
| 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>                                                                                                                                                                      |                                                                     |                                                          |                                                |                                  |                                          |
| North <input checked="" type="checkbox"/> N/A<br>South <input type="checkbox"/> N/A<br>East <input checked="" type="checkbox"/> N/A<br>West <input checked="" type="checkbox"/> N/A | <b>Inspected</b>                                                    |                                                          | <b>Debris</b>                                  |                                  |                                          |
|                                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <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"            |
|                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input checked="" type="checkbox"/> > 1" |
|                                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <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: _____                                                                                                                                                           |                                                                     |                                                          |                                                |                                  |                                          |
|                                                                                                                                                                                     |                                                                     |                                                          |                                                |                                  |                                          |
| <b>Roof</b>                                                                                                                                                                         |                                                                     |                                                          |                                                |                                  |                                          |
| Debris: <input type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> ½ to 1" <input checked="" type="checkbox"/> > 1"                                                   |                                                                     |                                                          |                                                |                                  |                                          |
| Description: <u>Inspected from roof of 120 Cedar St</u>                                                                                                                             |                                                                     |                                                          |                                                |                                  |                                          |
|                                                                                                                                                                                     |                                                                     |                                                          |                                                |                                  |                                          |
| <b>Setbacks</b> N/A <input 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>                                                                                                                                                                     |                                                                     |                                                          |                                                |                                  |                                          |
| <u>Adjacent to school</u>                                                                                                                                                           |                                                                     |                                                          |                                                |                                  |                                          |
|                                                                                                                                                                                     |                                                                     |                                                          |                                                |                                  |                                          |
|                                                                                                                                                                                     |                                                                     |                                                          |                                                |                                  |                                          |

Date: 1/25 /2002Inspection Team: Name: Care

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

Agency: DEP

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

Already  
entered  
Pull out of  
133 Greenwich  
?

## WTC Visual Survey Form

|                                                                                                                                 |                                                                                     |                              |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------|--|
| <b>Promise Address:</b> 27 Thomas St - Closed                                                                                   |                                                                                     |                              |  |
| <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> 3                                                                                                          | <b>AKA's:</b> 113 Greenwich St                                                      |                              |  |
| <b>Building Owner/Management:</b>                                                                                               |                                                                                     | <b>Telephone Number:</b> ( ) |  |
| <b>Name:</b> NONE                                                                                                               |                                                                                     | <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 <span style="margin-left: 20px;">→ NA</span> |                                                                                     |                              |  |
| 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>                                                                                                                           |                                                        |                                                                     |                                                          |                                                |                                                                           |
| North                                                                                                                                    | <input checked="" type="checkbox"/> N/A                | <b>Inspected</b>                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Debris</b>                                  | <input type="checkbox"/> No Visible/Fine Layer                            |
| South                                                                                                                                    | <input type="checkbox"/> N/A                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" <input checked="" type="checkbox"/> > 1" |
| East                                                                                                                                     | <input checked="" type="checkbox"/> N/A                | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <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"/> 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 type="checkbox"/> ½ to 1" <input checked="" type="checkbox"/> > 1" |                                                        |                                                                     |                                                          |                                                |                                                                           |
| <b>Description:</b> Inspected from roof of 120 Cedar St                                                                                  |                                                        |                                                                     |                                                          |                                                |                                                                           |
| _____                                                                                                                                    |                                                        |                                                                     |                                                          |                                                |                                                                           |
| <b>Setbacks</b> N/A <input 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>                                                                                                                          |                                                        |                                                                     |                                                          |                                                |                                                                           |
| Adjacent to school                                                                                                                       |                                                        |                                                                     |                                                          |                                                |                                                                           |
| _____                                                                                                                                    |                                                        |                                                                     |                                                          |                                                |                                                                           |
| _____                                                                                                                                    |                                                        |                                                                     |                                                          |                                                |                                                                           |
| _____                                                                                                                                    |                                                        |                                                                     |                                                          |                                                |                                                                           |

Date: 1/25/2002

Inspection Team: Name: [Signature]

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

Agency: DGR

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

# WTC Visual Survey Form

P

|                                                                                                                           |                                                                                     |                              |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------|
| <b>Premise Address:</b> 27 Thames St - Closed                                                                             |                                                                                     |                              |
| <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> 3                                                                                                    | <b>AKA's:</b>                                                                       |                              |
| <b>Building Owner/Management:</b>                                                                                         |                                                                                     | <b>Telephone Number:</b> ( ) |
| <b>Name:</b> NONE                                                                                                         |                                                                                     | <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 <input checked="" type="checkbox"/> NA |                                                                                     |                              |
| Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |                                                                                     |                              |
| 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:

|       |                                         | <b>Inspected</b>                                                    | <b>Debris</b>                                  |                                  |                                          |
|-------|-----------------------------------------|---------------------------------------------------------------------|------------------------------------------------|----------------------------------|------------------------------------------|
| North | <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"            |
| 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"/> ½ to 1" | <input checked="" 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: Inspected from roof of 120 Cedar St

### 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

Adjacent to school

Date: 1/25/2002

Inspection Team: Name: CAK

Agency: DEP

232  
25 } Thames St.

2 structures  
at 133 Greenwich



**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 8, 2002

**Y.S.G.F. REALTY LLC C  
19 SINCLAIR DRIVE  
KINGS POINT, NY 11024**

**Subject: 133 GREENWICH STREET, MANHATTAN**

Dear Sir/ Madam:

The New York City Department of Environmental Protection in cooperation with the New York State Department of Labor and the United States Environmental Protection Agency has continued inspections/surveys of buildings in the vicinity of the World Trade Center.

During the recent inspections/surveys, visible debris from the collapse of the Towers was observed on the roof, setbacks, and/or facades of the above referenced building. In accordance with previously issued guidelines, copies of which are enclosed, these accumulations must be assessed by a NYC DEP certified investigator to determine whether the material is asbestos-containing material and then cleaned up appropriately.

Building owners are responsible for the cleaning of building exteriors, grounds, and common area. 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.

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.

Sincerely,

R. Radhakrishnan, P.E.

Director

Asbestos Control Program



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

(718) DEP-HELP