DEPARTMENT OF ENVIRONMENTAL PROTECTION

59-17 Junction Boulevard
Corona, NY 11368

Bureau of Legal Affairs

DATE: August 6, 2002

TO: Virginia Smyth / Emily Chacon

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FROM: Frank Schiano

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TELE. NO.: (718)595-6555

OF PAGES INCLUDING COVER SHEET 6

COMMENTS:

REQUEST FORM FOR WORLD TRADE CENTER INDOOR DUST CLEANING PROGRAM

Name of Authorized Building Representative

Address

New York, New York _____

Telephone Number:

REQUEST

As authorized representative for the Building, I have read the fact sheets (*Cleaning and Testing Fact Sheet, Common Area and HVAC*) on the World Trade Center Indoor Dust Cleaning Program ("Program") and considered the information provided to me by the U.S. Environmental Protection Agency ("EPA"). Having considered the cleaning and monitoring offered, the Building would like to participate in the following cleaning and monitoring alternatives under the Program.

Initial one of the following:

I request dust cleaning of the Building identified above and monitoring after the cleaning.

OR

I request monitoring of the Building.

AGREEMENT

I consent to employees, authorized representatives and contractors of the EPA and the New York City Department of Environmental Protection ("NYCDEP") and contractors for NYCDEP having access to the Building and the personal property in the Building, for as long as necessary to conduct dust cleaning and monitoring activities. I understand that these activities are to be performed in accordance with the roles of EPA and NYCDEP under the Federal Response Plan and the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5121 et seq.

I agree to inform EPA or its representatives or NYCDEP's contractor during the scheduling meeting with the Project Monitor of any building rules that are applicable to the Program, including, for example, time restrictions, appropriate entrances to the building, and elevator usage. I agree to notify EPA and the contractors retained by NYCDEP as early as possible, but no later than **three business days**, before the scheduled date for the work in the Building, if it is necessary to cancel the date for the cleaning and monitoring activities.

I understand that the cleaning and monitoring will be performed by contractors retained by NYCDEP. I also understand that the contractors performing cleaning and monitoring activities are required to maintain insurance coverage for commercial general liability, workers compensation and environmental impairment liability related to this work, and that they are also bonded to cover loss by theft or destruction of property. The contractors are required to maintain such insurance at all times that they are conducting cleaning and monitoring activities in the Building.

I understand that the Program activities will require access, among other things, to the common areas and heating, ventilation and air condition systems ("HVAC"), the interior spaces, storage areas, elevators, and furnishings such as carpeting and upholstered furniture in the common areas of the Building. Cleaning activities will be performed, as necessary, throughout the entire Building and for the HVAC system.

I understand that the Program will employ various methods of dust removal from all surfaces, including, but not limited to, vacuuming, steam cleaning and wet wiping.

I understand that I, or my authorized representative, may be present and observe the Scope A cleaning and monitoring activities being performed in the Building.

I agree that insurance payments and/or any other compensation which was received for the Building, or will be received in the future, for activities covered by the Program for the Building, and which has not been spent for such purposes, will be paid to the Federal Emergency Management Agency. Instructions for such reimbursement will be provided upon request to EPA.

SAMPLING RESULTS

I understand that at the conclusion of the investigation, EPA will provide the undersigned with the results of the monitoring of the Building. Monitoring data in EPA's data base for the Program will be made available to the public, but the identity of the participants will be kept confidential.

AUTHORIZED SIGNATURE

I certify that I am authorized to make this request for the Building.

_____ _____

Signature Date

_____

Name and Title (PRINT)

REQUEST FORM FOR WORLD TRADE CENTER INDOOR DUST CLEANING PROGRAM

Name of Resident

Address

Apartment Number:

New York, New York _____

Telephone Numbers:
Home

Work

REQUEST

I have read the fact sheet on the World Trade Center Indoor Dust Cleaning Program ("Program") and considered the information provided to me by the U.S. Environmental Protection Agency ("EPA"). Having considered the cleaning and monitoring offered, I would like to participate in the following cleaning and monitoring alternatives under the Program.

Initial one of the following:

I request dust cleaning of the residence identified above ("Residence") and monitoring after the cleaning.

OR

I request monitoring of the Residence.

Initial one of the following:

I request "modified aggressive" air sampling.

OR

I request "aggressive" air sampling.

AGREEMENT

In consideration of the benefits of the Program, on behalf of myself and any other occupants of the Residence, I agree to the following:

I consent to employees, authorized representatives and contractors of the EPA and the New York City Department of Environmental Protection ("NYCDEP") and contractors for NYCDEP having

access to the Residence and the personal property in the Residence, for as long as necessary to conduct dust cleaning and monitoring activities. I understand that these activities are to be performed in accordance with the roles of EPA and NYCDEP under the Federal Response Plan and the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5121 et seq.

I agree to obtain any required permission for cleaning and monitoring activities from my building management if such permission has not been obtained by NYCDEP's contractors prior to the commencement of work in the Residence under the Program. I also agree to inform EPA or its representatives or NYCDEP's contractor at least **one business day** prior to the scheduled work of any building rules that are applicable to the Program, including, for example, time restrictions, appropriate entrances to the building, and elevator usage.

I agree to notify EPA and the contractors retained by NYCDEP as early as possible, but no later than **one business day**, before the scheduled date for the work in the Residence, if it is necessary to cancel the date for the cleaning and monitoring activities.

I agree to use best efforts to ensure the safety and security of fragile and valuable objects, including but not limited to jewelry, silver, fine china, decorative objects and art works located in the Residence. Such efforts will include, but not be limited to the following: Prior to the date scheduled for commencement of cleaning and monitoring, I agree to remove valuable and/or fragile objects from the Residence and/or to secure them in sealed containers for protection. I agree to identify with specificity to EPA and/or the contractors retained by NYCDEP any valuable or fragile objects that cannot be moved or secured, or that require special handling, prior to the commencement of the cleaning and monitoring in order to make provision for their safety and security. Such identification shall be in writing and shall state the estimated value of all the objects listed.

I understand that the cleaning and monitoring will be performed by contractors retained by NYCDEP. I also understand that the contractors performing cleaning and monitoring activities are required to maintain insurance coverage for commercial general liability, workers compensation and environmental impairment liability related to this work, and that they are also bonded to cover loss by theft or destruction of property. The contractors are required to maintain such insurance at all times that they are conducting cleaning and monitoring activities in the Residence.

I understand that the Program activities will require access to all the interior spaces, surfaces and personal property within the Residence. Cleaning activities will be performed throughout the entire Residence, including but not limited to the living room, bedroom(s), bathroom(s), dining areas and kitchen, as well as inside closets.

I understand that the Program will employ various methods of dust removal from all surfaces, including, but not limited to, vacuuming, steam cleaning and wet wiping. The cleaning will address areas and items such as walls and wall hangings, floors and floors coverings, draperies and window treatments, furniture, windows, air conditioning/heating units and appliances. The cleaning will also address surfaces of smaller items such as lamps, books and decorative items, but will not include clothing.

I understand that I, or my authorized representative, may be present and observe the Scope A cleaning and monitoring activities being performed in the Residence if I choose "modified aggressive" air sampling of the Residence. I understand that if I choose "aggressive" air sampling of the Residence, I may only be present for the cleaning, but not for the "aggressive" air sampling. Following "aggressive" air sampling of the Residence, I understand that neither I nor the occupants of the Residence will be allowed to return to the Residence until 48 hours after the beginning of "aggressive" air sampling. I, or my authorized representative, agree to comply with health and safety instructions that may be provided by EPA and/or NYCDEP's contractors for activities in the Residence under the Program.

I agree that insurance payments and/or any other compensation which I received, or will receive in the future, for activities covered by the Program at the Residence, and which I have not spent for such purposes, will be paid to the Federal Emergency Management Agency. Instructions for such reimbursement will be provided upon request to EPA.

SAMPLING APPROACH

I understand that if I choose "aggressive" air sampling of the Residence, an electric-powered leaf blower will be used to direct air onto all surfaces and personal property, and one or more oscillating fans will be used to circulate air throughout the areas being sampled.

I understand that if I choose "modified aggressive" air sampling of the Residence, one or more oscillating fans will be used to circulate air throughout the areas being sampled.

I understand that the air will pass through a filter and be sampled. I also understand that wipe samples of surfaces may be collected and analyzed.

I understand that at the conclusion of the investigation, EPA will provide the undersigned with the results of the monitoring of the Residence. Monitoring data in EPA's data base for the Program will be made available to the public, but the identity of the participants will be kept confidential.

AUTHORIZED SIGNATURE

I certify that I am authorized to make this request on behalf of all the occupants of the Residence.

_____ _____

Signature Date

_____

Name and Title (PRINT)

THE CITY OF NEW YORK
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT

LOWER MANHATTAN RESIDENTIAL OWNERS SURVEY

NOTE: If you own other buildings in the area, please make additional copies of this survey to use for each building.

Date_____

Property Address_____

Owner's Name _____

Owner's Address_____ Zip_____ Owner's Tel.# _____

How long have you owned this building? _____Years/Months

Managing Agent _____

Managing Agent's Address _____ Zip _____

Contact Person _____Tel. #_____

Basic Information ☐ Rental ☐ Co-op ☐ Condo ☐ Lofts Other_____

- # of rental units in building _____
- # of co-op units in building _____
- # of condo units in building _____
- # of commercial units in building _____

1. Was there structural damage to your building as a result of 9/11? ☐ Yes ☐ No

   a. If Yes, what was the nature of the damage_____

   _____

   b. If Yes, will/did your insurance cover the cost of repairs? ☐ Yes ☐ No

   c. Did you have insurance to cover rental loss on 9/11 ☐ Yes ☐ No

   d. If Yes, what was the term for reimbursement _____months

   e. If you did not have rental insurance, was there a building reserve to cover the loss? ☐ Yes ☐ No ☐ N/A

2. Were any of your tenants displaced as a result of 9/11? ☐ Yes ☐ No

2b. If Yes, how long were tenants displaced? _____ months

2c. Have they returned? ☐ Yes ☐ No

3. What was your residential vacancy rate before 9/11? _____% = _____ units of_____ total residential units

4. What is your current residential vacancy rate? _____% = _____ units of _____ total residential units

5. What was your commercial vacancy rate before 9/11? _____%= ____units of____ total comm. units ____N/A

6. What is your current commercial vacancy rate? _____%= _____ units of _____ total comm. units _____N/A

7. Did you adjust rents to keep/attract residential tenants? ☐ Yes ☐ No ☐ N/A (not rental)

7a. If so, how much? _____%

8. Did you adjust rents to keep/attract commercial tenants? ☐ Yes ☐ No ☐ N/A (not rental)

8a. If so, how much? _____%

9. Is your mortgage up-to-date? ☐ Yes ☐ No

9a. If No, how many months are you behind in payments? _____

9b. If No, is it as a result of 9/11 ☐ Yes ☐ No

10. Are your taxes up-to-date? ☐ Yes ☐ No

10a. If No, how many quarters are you behind in payments _____

10b. If No, did they fall behind as a result of 9/11 ☐ Yes ☐ No

- over -

11. Would you be interested in participating in regular meetings with other owners and the Department of Housing Preservation and Development regarding the re-development of Lower Manhattan? ☐ Yes ☐ No

12. In a few words tell us about significant problems you are facing:

_____

_____

_____

Person completing form:

Name_____ Title _____ Tel. # _____

If you need any further information, please contact Mr. Anthony Smolenski at (212) 863-7019 in HPD's Division of Anti-Abandonment.