



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Dave A. Chokshi, MD, MSc  
Commissioner

Order of the Commissioner

January 12, 2022

**OWNER OR MANAGING AGENT**

**CONTRACTOR**

SILVERSTONE PROPERTY GROUP, LLC  
520 MADISON AVENUE, SUITE 3501  
NEW YORK, NY 10022  
(646)786-8000

**RE: Order No.:** C2022-0004  
**LASU No.:** L2021-1336  
**Address:** 334 EAST 9TH ST  
MANHATTAN, NY 10003  
**Apt. No.:** CMN  
**Floor:** B-5  
**Building Construction Date:** 1910  
**Telephone Number:**  
**Inspection Date:** December 29, 2021

**WHEREAS**, the above named individuals are the owner(s), managing agent(s), or contractor(s) or their agents or employees, and are either in control of the above referenced premises or performing or supervising work which disturbs lead-based paint at such premises; and

**WHEREAS**, an inspection conducted by the New York City Department of Health and Mental Hygiene (the Department) pursuant to New York City Health Code (the Health Code) § 173.14(f) on the above referenced date found that such work was improperly generating and dispersing paint chips, debris and dust which contain in excess of 0.5 milligrams of lead per square centimeter of paint and/or 5 micrograms of lead per square foot ( $\mu\text{g}/\text{ft}^2$ ) of dust on floors and/or 40  $\mu\text{g}/\text{ft}^2$  of lead on window sills, as indicated in the attached report, and

**WHEREAS**, improperly performed work which disturbs lead-based paint may expose members of the public, particularly children under six years of age, to the risk of lead poisoning; and

**WHEREAS**, conditions created by such work constitute a nuisance pursuant to Administrative Code § 17-142 and Health Code § 3.09 and are dangerous to human life and detrimental to the health of persons within, and in close proximity to such premises.

**YOU ARE HEREBY ORDERED**, pursuant to §§ 17-113, 17-114, and 17-142 through 17-158 of the Administrative Code and §§ 3.07, 3.09 and 173.13(d)(1) and 173.14(f) of the Health Code, to

**HEALTHY HOMES PROGRAM**

125 Worth Street, 6th Floor, CN 58, New York, New York 10013, (646) 632-6002, Fax (347) 396-8926

immediately cease any work in progress and to clean up all debris and dust generated by such work, in accordance with Health Code § 173.14 (e)(1)(i)(ii)(cc) through (ff); and

**YOU ARE FURTHER ORDERED:**

(If this box is checked) to use safe work practices required by Health Code § 173.14 upon resumption of work,

OR


(If this box is checked) not to resume any further work at these premises until a work plan has been submitted to and approved by the Department which (1) specifies the steps that will be taken to remove accumulations of lead paint and dust residue from the premises, and (2) describes how dispersal of leaded dust and paint chip residues to adjacent interior or exterior public areas will be prevented on resumption of work; and

**YOU ARE FURTHER ORDERED**, in accordance with § 173.14 (e)(1)(i)(iii) and (iv) of the Health Code, to collect dust wipe samples upon completion of clean up and submit results of laboratory analyses to the Department that show no lead contaminated dust, as defined by Administrative Code section 27-2056.2(8)(a), remains.

All documents required by this Order are to be submitted by mail or fax to:

**New York City Department of Health and Mental Hygiene  
Healthy Homes Program - Field Support Unit  
125 Worth Street 6<sup>th</sup> Floor, CN 58  
New York, NY 10013  
PHONE: (646) 632-6002 FAX (347) 396-8926**

For information on how to comply with this Order, please telephone (632) 646-6002. To contest any part of this Order, you must telephone the Healthy Homes Program within three days of receipt of the Order, and thereafter submit written documentation in support of your objections, in accordance with the attached instructions.

Signed:   
Andrew Faciano, Director  
Healthy Homes Program

**WARNING**

**FAILURE TO COMPLY WITH AN ORDER OF THE COMMISSIONER IS A VIOLATION OF THE HEALTH CODE AND A MISDEMEANOR FOR WHICH YOU MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES, FINES AND FORFEITURES.**



**ANALYSIS OF REPORT FOR LEAD IN DUST WIPES**

**Client:** Healthy Homes Program  
**Collected by:** Client  
**Technician:** GB  
**Child ID:** N/A  
**LASU #:** L2021-1336  
**Address:** 334 east 9 St  
**Apt/Boro:** CMN / 1

**Lab ID:** LW0122015  
**Date Sampled:** 12/29/2021  
**Date Received:** 1/4/2022  
**Date Analyzed:** 1/4/2022  
**Report Date:** 1/5/2022

Client ID #	Lab ID #	Location/Description	Area Sampled (Inches)	Lead (µg/ft <sup>2</sup> )
122921-2300-001	LW0122015-1	3rd Floor Public Hallway from Stairs - Floor - Vinyl - No Window	12x12	96
122921-2300-002	LW0122015-2	Field Blank	N/A	<5 (µg/Wipe)

Analysis Method: EPA 7000B  
 RL (Reporting limit): 5.0 µg/ft<sup>2</sup> (based upon 1.0 square foot samples)  
 NYS - ELAP#11999, AIHA-LAP, LLC ID: 208306, CT Reg. # PH-0154

Exists Method: EPA 7000  
 Prep Method: EPA 3050B

Analyst: AD

Approved by: *V. Ruden*

USEPA requirement to meet ASTM E1792 Specification for ghost wipes; Collection procedure, protocols and sample locations are based on information provided by the client submitting the samples; and as such, Atlas Environmental Labs disclaims any knowledge of and liability for the accuracy and completeness of this information. The results related only to the items tested. Lead results are not corrected for blank.

W6122015

HEALTHY HOMES PROGRAM  
125 Worth Street 6<sup>th</sup> Floor, CN # 58, New York, NY 10013, (646) 632-6002, Fax (347) 396-8926  
Field Sampling and Chain of Custody Form for Environmental Sampling

Child ID #:	Apt.: <b>CAN</b> Boro: <b>1</b> Health Area: <b>14-6500</b>		Job Number (XRF):	Check here if no XRF readings were taken in or outside the apartment
Sampling Address: <b>334 EAST 9 ST</b>	LASU #: <b>L2021-1336</b>		Comments	
Name of Property Owner:	Boro:	Sample Area (Length x Width in inches)	Note special sample conditions, locations, and sample type. For example: Conditions: carpeted floor; bare soil Location: window on left on Wall 1; back yard Type: dust, soil, paint chip, water	
Owner Address:	Room Name (Must match XRF room name)	Component	<input checked="" type="checkbox"/> No Window <input type="checkbox"/> No 1/2 Landing <b>VINYL</b>	
Sample ID # Date (Month/Day/Year) - Employee ID - Sample ID (3 digits) e.g. 041804-1234-001	<b>3<sup>rd</sup> FL PUBLIC HALLWAY FROM STAIRS</b>	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<b>12x12</b>	
<b>122921-2300-001</b>		<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<input type="checkbox"/> No Window <input type="checkbox"/> No 1/2 Landing	
<b>122921-2300-002</b>	<b>BLANK</b>	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<input type="checkbox"/> No Window <input type="checkbox"/> No 1/2 Landing	
-		<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<input type="checkbox"/> No Window <input type="checkbox"/> No 1/2 Landing	
-		<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<input type="checkbox"/> No Window <input type="checkbox"/> No 1/2 Landing	
-		<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<input type="checkbox"/> No Window <input type="checkbox"/> No 1/2 Landing	
Collected by PHS (Print): <b>G. Bondi</b>	Batch #:			
PHS Signature: <i>George Bondi</i>	Badge #: <b>3465</b>	ID #: <b>2300</b>	Date Collected: <b>12/29/21</b>	
Associate PHS I Signature:	Reason for Transfer:		Date Transferred:	
Transferred to: <i>T. Flary C</i>	Reason for Transfer:		Date Transferred:	
Transferred to:	Reason for Transfer:		Date Transferred:	

WV/H  
96  
LS

Note for Laboratory: Unless specified otherwise, dust wipes and paint chip results should be sent to HHP within 24 hours and soil and water results should be sent to HHP within 48 hours.  
Dust sample Reporting Limit (RL): 5.0 µg/ft<sup>2</sup>

AD 1/11/22



INSPECTION REPORT

Inspection Date: 12/29/21	Start Time: 09:30	End Time: 10:15	Order #:	Child ID:		
Address: 334 East 9 St		Apt.: CMN	Floor: B-5	LASU Order #: C 0004	LASU#: L2021-1336	
City: 1 Manhattan	State: NY	Zip: 10003	Address Type: CMPLT	Docket No.:		
Activity Type: <input type="checkbox"/> Case <input checked="" type="checkbox"/> Work Practice Complaint	<input type="checkbox"/> Primary Prevention <input type="checkbox"/> Peeling Paint Complaint	Building Type: <input type="checkbox"/> 1-2 Family <input checked="" type="checkbox"/> Multi Dwelling <input type="checkbox"/> Other:				
Purpose of Visit: <input type="checkbox"/> IFV: <input type="checkbox"/> Original <input type="checkbox"/> Reassessment	<input type="checkbox"/> FFV: <input checked="" type="checkbox"/> SI: COMPLAINT <input type="checkbox"/> HPD Request:					
Child's Last Name:	First Name:	Phone:	Cell:			
Correspondent's Name:	Relation to Child: <input type="checkbox"/> Other:	Phone:	Work:			
Home:						
<b>BUILDING OWNER INFORMATION</b>						
Owner/Company Name: Silverston Property Group, LLC			Work Phone: 646-786-8000	Cell Phone:		
Address: 520 Madison Av		Apt.: 3501	City: New York	State: NY	Zip: 10022	
<b>CONTRACTOR INFORMATION</b>						
Co. Name:		Project Contact:	Work Phone:	Cell Phone:		
Address:		Apt.:	City:	State:	Zip:	
<b>CASE EVENTS</b>		<b>ENVIRONMENTAL EVENTS</b>		<b>SAFETY EVENTS</b>		
Event Code:	Result Code:	Event Code:	Result Code:	Event Code: SI	Result Code: VCOD	
Early Intervention <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Window Guard <input type="checkbox"/> Violation <input type="checkbox"/> No Violation	Sibling Information Child ID:                      Child ID: Child ID:                      Child ID:		Language		
Healthy Homes Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No		Safe House: <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted <input type="checkbox"/> Family Currently in Safe House				
<b>SAMPLE INFORMATION</b>						
Job #	Paint: # of XRF	Paint: # of Positive	Dust Wipes: # of Samples 2	Dust Wipes: # of Positive 1		
Other Samples – Type and Quantity (describe)						
<b>HEALTH CODE VIOLATIONS</b>						
General Provisions	Administrative Requirements	Work Methods	Occupant Protection			
			Orders or >100ft <sup>2</sup> or Removing Windows	2 – 100ft <sup>2</sup>		
<input type="checkbox"/> 3.05 <input type="checkbox"/> 3.07 <input type="checkbox"/> 3.09 <input type="checkbox"/> 3.15 <input type="checkbox"/> 173.13(a)(1)	<input type="checkbox"/> 173.14 (c)(1)(A) <input type="checkbox"/> 173.14 (c)(1)(B) <input type="checkbox"/> 173.14 (c)(2)(A) <input type="checkbox"/> 173.14 (c)(2)(B)(i)(aa) <input type="checkbox"/> 173.14 (c)(2)(B)(i)(bb) <input type="checkbox"/> 173.14(c)(2)(B)(i)(cc) <input type="checkbox"/> 173.14(c)(2)(B)(ii)(aa) <input type="checkbox"/> 173.14(c)(2)(B)(ii)(bb) <input type="checkbox"/> 173.14(c)(2)(B)(iii) <input type="checkbox"/> 173.14(c)(3)(A)	<input type="checkbox"/> 173.14(d)(1)(A) <input type="checkbox"/> 173.14(d)(1)(B) <input type="checkbox"/> 173.14(d)(2)(A) <input type="checkbox"/> 173.14(d)(2)(B) <input type="checkbox"/> 173.14(d)(2)(C) <input type="checkbox"/> 173.14(d)(2)(D) <input type="checkbox"/> 173.14(d)(2)(E)	<input type="checkbox"/> 173.14(d)(2)(F) <input type="checkbox"/> 173.14(d)(3)(A) <input type="checkbox"/> 173.14(d)(3)(B) <input type="checkbox"/> 173.14(d)(3)(C) <input type="checkbox"/> 173.14(d)(3)(D) <input type="checkbox"/> 173.14(d)(3)(E) <input type="checkbox"/> 173.14(d)(4)	<input type="checkbox"/> 173.14(e)(1)(A)(i) <input type="checkbox"/> 173.14(e)(1)(A)(ii) <input type="checkbox"/> 173.14(e)(1)(B) <input type="checkbox"/> 173.14(e)(1)(C) <input type="checkbox"/> 173.14(e)(1)(D) <input type="checkbox"/> 173.14(e)(1)(E) <input type="checkbox"/> 173.14(e)(1)(F) <input type="checkbox"/> 173.14(e)(1)(G) <input type="checkbox"/> 173.14(e)(1)(H) <input type="checkbox"/> 173.14(e)(1)(I)(i) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(aa) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(bb) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(cc) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(dd) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(ee) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(ff) <input type="checkbox"/> 173.14(e)(1)(I)(iii) <input type="checkbox"/> 173.14(e)(1)(I)(iv) <input type="checkbox"/> 173.14(e)(1)(J)	<input type="checkbox"/> 173.14(e)(1)(I)(i)(cc) <input type="checkbox"/> 173.14(e)(1)(I)(i)(dd) <input type="checkbox"/> 173.14(e)(1)(I)(ii) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(aa) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(bb) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(cc) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(dd) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(ee) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(ff) <input type="checkbox"/> 173.14(e)(1)(I)(iii) <input type="checkbox"/> 173.14(e)(1)(I)(iv)	<input type="checkbox"/> 173.14(e)(2)(A) <input type="checkbox"/> 173.14(e)(2)(B) <input type="checkbox"/> 173.14(e)(2)(C) <input type="checkbox"/> 173.14(e)(2)(D) <input type="checkbox"/> 173.14(e)(2)(F) <input type="checkbox"/> 173.14(e)(2)(G) <input type="checkbox"/> 173.14(e)(2)(H) <b>Apt Turnover</b> <input type="checkbox"/> 173.14(e)(3)(A) <input type="checkbox"/> 173.14(e)(3)(B) <input type="checkbox"/> 173.14(e)(3)(C)
Healthy Homes Hazard:						
311 Complaint Number:						
Inspector Name: G. Bondi	Initial:	Badge: 3465	ID#: 2300	Date: 12/29/21		
Supervisor Name: M.Meulens	Initial:	Badge: 3071	ID#: 1177	Date: 01/10/22		

Healthy Home Program

125 Worth Street, 6<sup>th</sup> Floor CN 58, New York, NY 10013, Tel. (646) 632-6002, Fax. (347) 396-8926

Inspection Date: 12/29/21	Start Time: 09:30	End Time: 10:15	Order #:	Child ID:
Address: 334 East 9 St		Apt.: CMN	Floor: B-5	LASU Order #: C
City: 1 Manhattan	State: NY	Zip: 10003	Address Type: CMPLT	LASU#: L2021-1336
				Docket No.:

**INSPECTION NOTES**

**Counseling and Education:**

- Conducted Child Risk Assessment:  Yes  No
- Discussed sources, exposure, BLL follow-up testing:  Yes  No
- Educational materials provided:  Yes  No

**Initial Field Visit (IFV):**

- Conducted Visual Assessment:  No  Yes – All Rooms  Yes – Except rooms:
- **Environmental Investigation:**
  - XRF testing:  Yes  No Lead Paint Stamps:  Yes  No
  - Dust Wipes sampling:  Yes  No
  - Non Paint Sampling:  Yes  No Number of samples collected:
- Conducted Healthy Homes Inspection:  Yes  No
- IPM referral - under age 21:  Yes  No IPM referral card provided to correspondent?:  Yes  No

**Follow-up Field Visit (FFV):**

- Compliance method used:  Abatement  Wet Scrape and Paint  Both Abatement and Wet Scrape and Paint
- Were all violations complied with?  Yes  No
  - Violations:  Remaining  Corrected
  - Violation numbers – Hazard Report:

**Safety Inspection (SI):**

- Conducted visual assessment:  No  Yes, all rooms  Yes, except rooms:
- Construction dust observed:  Yes  No Dust Wipe samples collected:  Yes  No
- Containment:  Properly installed  Missing  Improperly installed
- Dust Hazard Notice posted:  Yes  No
- 24-48hours follow-up- Clean-up required?:  Yes  No (clean-up completed by end of inspection)
- Management/owner informed?  Yes  No Agent Name: **Juan Herrera** Phone: **646-442-4212**

**HPD Related:**

- Conducted joint inspection:  Yes  No
  - Name of HPD inspector or contractor: \_\_\_\_\_ Comment:
- Made appointment for HPD access:  Yes  No
  - Date: \_\_\_\_\_ Time range: \_\_\_\_\_ Contact name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

**No Access:**

- Attempt number:  1  2  3
- Time/Day:  Morning  Evening  Weekend

**Additional Comments:** One (1) of the two Dust Wipe Samples collected by PHS G. Bondi, at this address on 12/29/21, tested Positive (above standard levels) for lead in dust. As a result, the Safety Events result code is "VCOD".

I certify that this inspection report was read by or read to the Correspondent at time of inspection:  Yes  No  Not applicable

Inspector Name: <b>G. Bondi</b>	Initial:	Badge: 3465	ID#: 2300	Date: 12/29/21
Supervisor Name: <b>M.Meulens</b>	Initial:	Badge: 3071	ID#: 1177	Date: 01/10/22

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine of up to \$500 or as much as 60 days imprisonment or both. (N.Y.C. Adm. Code, Sec. 1151-9.0)



INSPECTION REPORT

Inspection Date: 12/29/21		Start Time: 09:30		End Time: 10:15		Order #:		Child ID:							
Address: 334 East 9 St				Apt.: CMN		Floor: B-5		LASU Order #: C		LASU#: L2021-1336					
City: 1 Manhattan			State: NY			Zip: 10003			Address Type: CMLPT		Docket No.:				
Activity Type: <input type="checkbox"/> Case <input checked="" type="checkbox"/> Work Practice Complaint						Building Type: <input type="checkbox"/> 1-2 Family <input checked="" type="checkbox"/> Multi Dwelling									
<input type="checkbox"/> Primary Prevention <input type="checkbox"/> Peeling Paint Complaint						<input type="checkbox"/> Other:									
Purpose of Visit: <input type="checkbox"/> IFV: <input type="checkbox"/> Original <input type="checkbox"/> Reassessment						<input type="checkbox"/> HPD Request:									
<input type="checkbox"/> FFV: <input checked="" type="checkbox"/> SI: COMPLAINT															
Child's Last Name:				First Name:				Cell:							
Correspondent's Name:				Relation to Child: <input type="checkbox"/> Other:				Phone: Work: Home:							
<b>BUILDING OWNER INFORMATION</b>															
Owner/Company Name: Silverston Property Group, LLC						Work Phone: 646-786-8000			Cell Phone:						
Address: 520 Madison Av				Apt.: 3501		City: New York		State: NY		Zip: 10022					
<b>CONTRACTOR INFORMATION</b>															
Co. Name:			Project Contact:			Work Phone:			Cell Phone:						
Address:				Apt.:		City:		State:		Zip:					
<b>CASE EVENTS</b>				<b>ENVIRONMENTAL EVENTS</b>				<b>SAFETY EVENTS</b>							
Event Code:		Result Code:		Event Code:		Result Code:		Event Code: SI		Result Code: HFO					
Early Intervention		Window Guard		Sibling Information				Language							
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		<input type="checkbox"/> Violation <input type="checkbox"/> No Violation		Child ID:		Child ID:									
				Child ID:		Child ID:									
Healthy Homes Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No				Safe House: <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted <input type="checkbox"/> Family Currently in Safe House											
<b>SAMPLE INFORMATION</b>															
Job #		Paint: # of XRF		Paint: # of Positive		Dust Wipes: # of Samples		Dust Wipes: # of Positive							
						2		Pending							
Other Samples – Type and Quantity (describe)															
<b>HEALTH CODE VIOLATIONS</b>															
<b>General Provisions</b>		<b>Administrative Requirements</b>		<b>Work Methods</b>				<b>Occupant Protection</b>							
								<b>Orders or &gt;100ft<sup>2</sup> or Removing Windows</b>		<b>2 – 100ft<sup>2</sup></b>					
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Healthy Homes Hazard:															
311 Complaint Number:															
Inspector Name: G. Bondi		Initial:		Badge: 3465		ID#: 2300		Date: 12/29/21							
Supervisor Name: M.Meulens		Initial:		Badge: 3071		ID#: 1177		Date: 01/05/22							

Inspection Date: 12/29/21	Start Time: 09:30	End Time: 10:15	Order #:	Child ID:
Address: 334 East 9 St		Apt.: CMN	Floor: B-5	LASU Order #: C
City: 1 Manhattan	State: NY	Zip: 10003	Address Type: CMPLT	LASU#: L2021-1336
Docket No.:				

**INSPECTION NOTES**

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- Conducted Child Risk Assessment:  Yes  No
- Discussed sources, exposure, BLL follow-up testing:  Yes  No
- Educational materials provided:  Yes  No

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  - Dust Wipes sampling:  Yes  No
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- Conducted Healthy Homes Inspection:  Yes  No
- IPM referral - under age 21:  Yes  No IPM referral card provided to correspondent?:  Yes  No

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- Compliance method used:  Abatement  Wet Scrape and Paint  Both Abatement and Wet Scrape and Paint
- Were all violations complied with?  Yes  No
  - Violations:  Remaining  Corrected
  - Violation numbers – Hazard Report:

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- Containment:  Properly installed  Missing  Improperly installed
- Dust Hazard Notice posted:  Yes  No
- 24-48hours follow-up- Clean-up required?:  Yes  No (clean-up completed by end of inspection)
- Management/owner informed?  Yes  No Agent Name: Juan Herrera Phone: 646-442-4212

**HPD Related:**

- Conducted joint inspection:  Yes  No
  - Name of HPD inspector or contractor: Comment:
- Made appointment for HPD access:  Yes  No
  - Date: Time range: Contact name: Contact phone:

**No Access:**

- Attempt number:  1  2  3
- Time/Day:  Morning  Evening  Weekend

**Additional Comments:** An initial visit was made at the above address to respond to an unsafe work practices complaint regarding the generation of dust in the building common area due to construction work. Access gained, a visual walk-through inspection was conducted of all common areas from Basement to 5<sup>th</sup> Fl, including stairs to rooftop. Observed inactive renovation work within vacant apartment units #5, 11, and 15. Observed not properly sealed plastic containment in entrance of apartment #11. Observed visible construction dust and debris in front of apartment unit #11 on 3<sup>rd</sup> Fl Public Hallway. As a result, 2 dust wipe samples, including a blank, were collected for lead content laboratory analysis. A phone call was made to Property Manager, Juan Herrera, at 646-442-4212, who was informed about inspection findings and instructed to immediately clean-up by utilizing HEPA vacuuming and wet methods. Mr. Herrera was instructed about importance of proper containment and to follow safe work practice guidelines. Notice of Dust Hazard was posted on 1<sup>st</sup> Fl Public Hallway by mailbox area. Window Guard Inspection revealed no windows present.

I certify that this inspection report was read by or read to the Correspondent at time of inspection:  Yes  No  Not applicable

Inspector Name: G. Bondi	Initial:	Badge: 3465	ID#: 2300	Date: 12/29/21
Supervisor Name: M.Meulens	Initial:	Badge: 3071	ID#: 1177	Date: 01/05/22

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a fine of up to \$500 or as much as 60 days imprisonment or both. (N.Y.C. Adm. Code, Sec. 1151-9.0)