



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
Commissioner

Order of the Commissioner

March 18, 2016
May 03, 2017

OWNER OR MANAGING AGENT

CONTRACTOR

SILVERSTONE PROPERTY GROUP
825 THIRD AVENUE, 36TH FLOOR
NEW YORK, NY 10022
(646)786-8000

RE: Order No.: C2017-0124
LASU No.: L2017-0258
Address: 233 EAST 5 ST
MANHATTAN, NY 10003
Apt. No.: CMN
Floor: 1-5
Building Construction Date: 1905
Telephone Number:
Inspection Date: April 21, 2017

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 1.0 milligrams of lead per square centimeter of paint and/or 40 micrograms of lead per square foot (40µg/ft²) of dust on floors and/or 250 µg/ft² 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 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

HEALTHY HOMES PROGRAM/LEAD POISONING PREVENTION

125 Worth Street, 6th Floor, CN 58, New York, New York 10013. (646) 632-6002, Fax (347) 396-8926 or (646) 632-6004

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

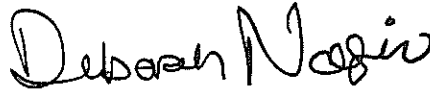
YOU ARE FURTHER ORDERED, in accordance with § 173.14 (e)(1)(I)(iii) and (iv) of the Health Code, to collect dust wipe samples upon completion of clean up and submit results of laboratory analyses to the Department.

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/Lead Poisoning Prevention - Field Support Unit
125 Worth Street 6th Floor, CN 58
New York, NY 10013
PHONE: (646) 632-6002 FAX (347) 396-8926 or (646) 632-6004

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/Lead Poisoning Prevention 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:



Deborah Nagin, Director
Healthy Homes Program/
Lead Poisoning Prevention

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.



EMSL Analytical, Inc.

307 West 38th Street, New York, NY 10018
Phone/Fax: (212) 290-0051 / (212) 290-0058
http://www.EMSL.com manhattanlab@emsl.com

EMSL Order: 031711255
CustomerID: NYHM25
CustomerPO: 20171410261
ProjectID: EHSF-17-0857-N0

Attn: **New York City DOH & Mental Hygiene**
LPPP - Field Support Unit
125 Worth Street, 6th Floor CN58
New York, NY 10013

Phone: (646) 632-6002
Fax:
Received: 04/25/17 11:17 AM
Collected: 4/21/2017

Project: **LASU#: L2017-0258/233 EAST 5TH STREET/CMN/ MANHATTAN**

Test Report: Lead in Dust by Flame AAS (SW 846 3051A/7000B)*

<i>Client Sample Description</i>	<i>Lab ID</i>	<i>Collected</i>	<i>Analyzed</i>	<i>Area Sampled</i>	<i>Lead Concentration</i>
042117-1618-001 Site: 3RD FLOOR PUBLIC HALLWAY FROM STAIRS/ FLOOR/12X12/ NO WINDOW/ CERAMIC	031711255-0001	4/21/2017	4/26/2017	144 in ²	58 µg/ft ²
042117-1618-002 Site: 2ND FLOOR PUBLIC HALLWAY FROM STAIRS/ FLOOR/12X12/ NO WINDOW/ CERAMIC	031711255-0002	4/21/2017	4/26/2017	144 in ²	16 µg/ft ²
042117-1618-003 Site: BLANK	031711255-0003	4/21/2017	4/26/2017	n/a	<10 µg/wipe

M. Apfeldorfer

Miron Apfeldorfer, Laboratory Manager
or other approved signatory

*Analysis following Lead in Dust by EMSL SOP/Determination of Environmental Lead by FLAA. Reporting limit is 10 ug/wipe. Ug/wipe = ug/ft2 x area sampled in ft2. Unless noted, results in this report are not blank corrected. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities (such as volume sampled) or analytical method limitations. Samples received in good condition unless otherwise noted. The lab is not responsible for data reported in ug/ft2 which is dependent upon the area provided by non-lab personnel. The test results contained within this report meet the requirements of NELAC unless otherwise noted. "<" (less than) result signifies the analyte was not detected at or above the warning limit. Measurement of uncertainty is available upon request. The QC data associated with the sample results included in this report meet the recovery and precision requirements unless specifically indicated otherwise. Definitions of modifications are available upon request.
Samples analyzed by EMSL Analytical, Inc. New York, NY AIHA-LAP, LLC-ELLAP Acc. #102581, NYS ELAP 11506

Initial report from 04/26/2017 15:25:53

HEALTHY HOMES PROGRAM/LEAD POISONING PREVENTION
 125 Worth Street 6th Floor, CN #58, New York, NY 10013, (646) 632-6002, Fax (347) 396-8926 or (646) 632-6004
 Field Sampling and Chain of Custody Form for Environmental Sampling

Order ID: 031711255

Child ID #:	<input type="checkbox"/> Case <input checked="" type="checkbox"/> Complaint	Job Number (XRF):	<input checked="" type="checkbox"/> Check here if no XRF readings were taken in or outside the apartment
Sampling Address: <u>233 East 5th Street</u>	Apt.: <u>CMN</u>	Boro: <u>1</u>	
Name of Property Owner: <u>Silverstone Property Group</u>		Health Area: <u>146500</u>	
Owner Address: <u>825 3rd Avenue, 36 Floor</u>		Boro: <u>1</u>	LASU #: <u>22017-0258</u>

Sample ID # Date (Month/Day/Year) - Employee ID - Sample ID (3 digits) <small>e.g. 041804-1234-001</small>	Room Name <small>(Must match XRF room name)</small>	Component	Sample Area <small>(Length x Width in inches)</small>	Comments <small>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</small>
<u>042117-1618-001</u>	<u>3rd Floor Public Hallway from stairs</u>	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u>12x12</u>	<input checked="" type="checkbox"/> No Window <u>Ceramic</u>
<u>042117-1618-002</u>	<u>2nd Floor Public Hallway from stairs</u>	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u>12x12</u>	<input checked="" type="checkbox"/> No Window <u>Ceramic</u>
<u>042117-1618-003</u>	<u>BLANK</u>	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	---	<input type="checkbox"/> No Window
---	---	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	---	<input type="checkbox"/> No Window
---	---	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	---	<input type="checkbox"/> No Window

2017 APR 25 AM 11:17

Collected by PHS (Print): <u>R. Abramson</u>		Batch #:	
PHS Signature: <u>[Signature]</u>	Badge #: <u>3339</u>	ID #: <u>1618</u>	Date Collected: <u>04/21/17</u>
Associate PHS I Signature: <u>[Signature]</u>	Reason for Transfer: <u>Lead Lab Analysis</u>		Date Transferred: <u>4/24/17</u>
Transferred to: <u>[Signature]</u>	Reason for Transfer:		Date Transferred: <u>4/25/17</u>
Transferred to:	Reason for Transfer:		Date Transferred:

Note for Laboratory: Unless specified otherwise, dust wipes and paint chip results should be sent to LPPP within 24 hours and soil and water results should be sent to LPPP within 48 hours.

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Date: 4/21/17	Start Time: 09:15	End Time: 09:45	New York City Department of Health and Mental Hygiene Healthy Homes Program/Lead Poisoning Prevention 125 Worth Street, 6 th Floor CN 58, New York, NY 10013 (646) 632-6002 INSPECTION REPORT	Child ID Number		
Activity Type: Case				LASU Order Number	Order Number	
Primary Prevention 10-14 (Low Act)				Work Practice Complaint	Peeling Paint Complaint	

ADDRESS INFORMATION					
Child: (Last)	(First)	Address Type	Building Type:	Home Phone	
		CMPLT	1-2 Family <input type="checkbox"/> Multi Dwelling <input checked="" type="checkbox"/> Other	Cell Phone	
Address: New 233 East 5 th Street			Apt CMN	Floor 1-5	Borough 1
			Zip Code 10003	HD 14	6500

OWNER INFORMATION					
Name: (Last)		(First)	Home Phone ()		Cell Phone
Silverstone Property Group			Work Phone 646-786-8000		()
Address 825 3 rd Avenue			Apt 36FL	City New York	State NY
			Zip Code 10022		

CONTRACTOR INFORMATION					
Company Name		Project Contact	Phone ()		Fax ()
Address		Apt	City	State	Zip Code
					EPA Certificate Number

CASE EVENTS		ENVIRONMENTAL EVENTS		SAFETY EVENTS	
Event Code	Result Code	Event Code	Result Code	Event Code	Result Code
				SI	VCOD
Early Intervention	Window Guard	Sibling Information			
Accepted	Violation	Child ID		Child ID	
Rejected	No Violation	Child ID		Child ID	
Healthy Homes Inspection: Yes No		Safe House: Rejected Accepted		Family Currently in Safe House	

SAMPLE INFORMATION					
Job #	Paint: # of XRF	Paint: # of Positive	Dust Wipes: # of Samples	Dust Wipes: # of Positive	
			3	1	
Other Samples - Type and Quantity (describe): concern for lead. One sample was tested above EPA level of					

HEALTH CODE VIOLATIONS						
General Provisions	Administrative Requirements	Work Methods		Occupant Protection		
				Orders or >100ft ² or Removing Windows		2 - 100ft ²
3.05	173.14 (e)(1)(A)	173.14(d)(1)(A)	173.14(d)(2)(F)	173.14(e)(1)(A)(i)	173.14(e)(1)(1)(i)(cc)	173.14(e)(2)(A)
3.07	173.14 (e)(1)(B)	173.14(d)(1)(B)	173.14(d)(3)(A)	173.14(e)(1)(A)(ii)	173.14(e)(1)(1)(i)(dd)	173.14(e)(2)(B)
3.09	173.14 (e)(2)(A)	173.14(d)(2)(A)	173.14(d)(3)(B)	173.14(e)(1)(B)	173.14(e)(1)(1)(ii)	173.14(e)(2)(C)
3.15	173.14 (e)(2)(B)(i)(aa)	173.14(d)(2)(B)	173.14(d)(3)(C)	173.14(e)(1)(C)	173.14(e)(1)(1)(ii)(aa)	173.14(e)(2)(D)
173.13(a)(1)	173.14 (e)(2)(B)(i)(bb)	173.14(d)(2)(C)	173.14(d)(3)(D)	173.14(e)(1)(D)	173.14(e)(1)(1)(ii)(bb)	173.14(e)(2)(F)
	173.14(c)(2)(B)(i)(cc)	173.14(d)(2)(D)	173.14(d)(3)(E)	173.14(e)(1)(E)	173.14(e)(1)(1)(ii)(cc)	173.14(e)(2)(G)
	173.14(c)(2)(B)(ii)(aa)	173.14(d)(2)(E)	173.14(d)(4)	173.14(e)(1)(F)	173.14(e)(1)(1)(ii)(dd)	173.14(e)(2)(H)
	173.14(c)(2)(B)(ii)(bb)			173.14(e)(1)(G)	173.14(e)(1)(1)(ii)(ee)	
	173.14(c)(2)(B)(iii)			173.14(e)(1)(H)	173.14(e)(1)(1)(ii)(ff)	
	173.14(c)(3)(A)			173.14(e)(1)(I)(i)	173.14(e)(1)(1)(iii)	Apt Turnover
				173.14(e)(1)(I)(i)(aa)	173.14(e)(1)(1)(iv)	173.14(e)(3)(A)
				173.14(e)(1)(I)(i)(bb)	173.14(e)(1)(1)(v)	173.14(e)(3)(B)
						173.14(e)(3)(C)

Healthy Homes Hazard:					
311 Complaint Number:					
PHS (Print)	PHS (Signature)		Badge #	Employee ID #	Date:
Copy Received By (Print)	Copy Received By (Signature)		Relationship to Child:		Date:
Supervisor (Print)	Supervisor (Signature)		Badge #	Employee ID #	Date:
M. Feanalabdeen			3342	1787	5/2/17

URGENT! A field representative of the Department of Health and Mental Hygiene's Healthy Homes Program/Lead Poisoning Prevention was here today for an important visit. Please call us immediately at (646) 632-6002.

¡URGENTE! Un representante del Departamento de Salud y Salud Mental, Programa de Hogares Saludables/Prevención de Envenenamiento por Plomo, estuvo aquí hoy para una visita importante. Por favor llámenos inmediatamente al teléfono (646) 632-6002.

Date: 04/21/17	Start Time: 09:15	End Time: 09:45	New York City Department of Health and Mental Hygiene Healthy Homes Program/Lead Poisoning Prevention 125 Worth Street, 6 th Floor CN 58, New York, NY 10013 (646) 632-6002		Child ID Number		
Activity Type: <input type="checkbox"/> Case <input type="checkbox"/> Primary Prevention <input type="checkbox"/> 10-14 (Low Act)			<input checked="" type="checkbox"/> Work Practice Complaint <input type="checkbox"/> Peeling Paint Complaint			LASU Order Number C	Order Number
ADDRESS INFORMATION			INSPECTION REPORT		Docket Number L 2017-0258		
Child: (Last) (First)		Address Type CMPLT	Building Type: <input type="checkbox"/> 1-2 Family <input checked="" type="checkbox"/> Multi Dwelling <input type="checkbox"/> Other		Home Phone Cell Phone Work Phone		
Address: <input type="checkbox"/> New 233 East 5th Street		Apt CMN	Floor 1-5	Borough 1	Zip Code 10003	HD 19	
OWNER INFORMATION		Name: (Last) (First)		Home Phone ()		Cell Phone ()	
Silverstone Property Group		Work Phone (646) 786-8000					
Address 825 3rd Avenue		Apt 36FL	City New York		State NJ	Zip Code 10022	
CONTRACTOR INFORMATION							
Company Name		Project Contact		Phone ()		Fax ()	
Address		Apt	City		State	Zip Code EPA Certificate Number	
CASE EVENTS		ENVIRONMENTAL EVENTS		SAFETY EVENTS			
Event Code	Result Code	Event Code	Result Code	Event Code SI	Result Code HFO		
Early Intervention <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Window Guard <input type="checkbox"/> Violation <input checked="" type="checkbox"/> No Violation <i>No Windows</i>	Sibling Information 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					
SAMPLE INFORMATION							
Job #	Paint: # of XRF	Paint: # of Positive	Dust Wipes: # of Samples 3	Dust Wipes: # of Positive pending			
Other Samples – Type and Quantity (describe)							
HEALTH CODE VIOLATIONS							
General Provisions	Administrative Requirements	Work Methods	Occupant Protection				
			Orders or >100ft ² or Removing Windows		2 – 100ft ²		
<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)(i)(cc) <input type="checkbox"/> 173.14(e)(1)(I)(i)(dd) <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)(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)(E) <input type="checkbox"/> 173.14(e)(2)(F) <input type="checkbox"/> 173.14(e)(2)(G) <input type="checkbox"/> 173.14(e)(2)(H) <input type="checkbox"/> Apt Turnover <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:					
PHS (Print) R. Abramson		PHS (Signature) <i>R. Abramson</i>		Badge # 3339	Employee ID # 1618	Date: 04/21/17	
Copy Received By (Print) To be mailed.		Copy Received By (Signature)		Relationship to Child:		Date: 04/21/17	
Supervisor (Print) M. Jeannaladen		Supervisor (Signature) <i>M. Jeannaladen</i>		Badge # 3342	Employee ID # 1787	Date: 4/26/17	
<input type="checkbox"/> URGENT! A field representative of the Department of Health and Mental Hygiene's Healthy Homes Program/Lead Poisoning Prevention was here today for an important visit. Please call us immediately at (646) 632-6002.							
<input type="checkbox"/> URGENTE! Un representante del Departamento de Salud y Salud Mental, Programa de Hogares Saludables/Prevención de Envenenamiento por Plomo, estuvo aquí hoy para una visita importante. Por favor llámenos inmediatamente al teléfono (646) 632-6002.							

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Healthy Homes Program/Lead Poisoning Prevention
 125 Worth Street, 6th Floor CN 58, New York, NY 10013
 Tel. (646) 632-6002, Fax. (347) 396-8926 or (646) 632-6004

Page: 2 of 2

Inspection Report Notes Progress Report Activity Report Notes

Address 233 East 5th Street			Child ID Number	
Apt. # CMN	Borough 1	Zip 10003	LASU Number L2017-0258	Order Number

Assessment/Observations/Comments

Visited the above address to conduct an inspection on a complaint regarding generation of dust in the building. Access was gained into building. A visual walk-through inspection was conducted through floors 1-5. Visible construction dust was observed on floors 2nd and 3rd. Plastic containment sheets were observed placed on doorways of multiple vacant apartments undergoing construction. No active construction work was observed in progress at the time of inspection. Three dust wipe samples were taken, including a blank for analysis. Building management was contacted and a detailed voice mail message was left. No windows observed in common area. Notice of dust hazard was posted.

Staff (Signature) 	Badge # 3339	I.D. # 1618	Date 04/21/17	Copy received by TO be mailed.
Supervisor (Signature) 	Badge # 3342	I.D. # 1787	Date 4/26/17	

INSPECTION REPORT: *White* (RSU); *Canary* (Data Entry & FSU); *Pink* (Public)
 PROGRESS REPORT: *White* (RSU or FSU)