

Summons - For Civil Penalties Only

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE • Division of Environmental Health



Permit/Access/CAMIS No. 50062498 Complaint No. L2016-0148 Inspection Date 02/23/17 Time 15:00 AM PM HEARING DATE 05/01/2017 9:30 AM PM

BUREAU EDTP

A hearing in this matter has been scheduled at the NYC Office of Administrative Trials and Hearings – Hearings Division 1-844-OATH-NYC (1-844-628-4692); NYC Charter Sections 1045 and 1049 and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings. For hearing options, see other side of this Summons.

Bronx 3030 Third Avenue Bronx, NY 10455 Brooklyn 9 Bond Street, 6th Floor Brooklyn, NY 11201 Manhattan 65 John Street, 11th Floor New York, NY 10038 Queens 31-00 47th Ave, 3rd Floor Long Island City, NY 11101 Staten Island 350 St. Marks Place Staten Island, NY 10301

▶ You must respond to this Summons by either appearing at the scheduled hearing or by following one of the other options listed on the back of this Summons. ▶ Failure to respond may result in a default judgement being issued against you, which means you will be found in violation of all allegations described below and any fines imposed will be doubled. ▶ Please read the back of this Summons carefully, as it contains instructions regarding your rights, options, and obligations for responding to the allegations.

VIOLATION ADDRESS 915 West End Avenue ADDRESS NO. & STREET Manhattan BOROUGH New York STATE NY ZIP 10025

Visit nyc.gov/healthcode to find the NYC Health Code and Health Department regulations.

SUMMONS #04576-17Q

NO.	CONDITION	CODE SECTION (unless otherwise noted Code is the NYC Health Code)	DESCRIPTION
1	H-2173.14(d)(1)(A)		Failure to control dust dispersal, in that visible construction dust was observed on floors 1-14. Construction work (renovation/demolition) was observed in progress inside multiple vacant apartments.
			Proceedings will be held under the authority of the New York City Charter section 558 and the rules of the city of New York at 24 RCNY titles 1-v.

Respondent Silverstone Property Group LLC
 Address No. and Street 825 3rd Avenue ZIP 10022
 Borough New York State NY

THE RESPONDENT IS SUMMONED TO APPEAR AND RESPOND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE EMPLOYEES MUST SHOW IDENTIFICATION. I, an employee of the agency named above, affirm under penalty of perjury that I personally observed the commission of the violation(s) charged above and/or verified their existence through a review of departmental records. False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.

DOHMH REP. SIGNATURE: [Signature] NAME (PRINT) R. Abramson I.D. # 1618

RECEIVED BY: NAME (PRINT) 7016 2140 SIGNATURE [Signature] TITLE 518690

I acknowledge that I have received a copy of this Summons and instructions for responding, and that I am authorized to accept service of this Summons. RESPONDENT MUST APPEAR IN PERSON

Date 02/23/17	Start Time 15:00	End Time 15:45	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: Case Primary Prevention 19-14 (Low Act)	Work Practice Complaint Peeling Paint Complaint			LASU Order Number 62017-0028

INSPECTION REPORT

ADDRESS INFORMATION		Child (Last)	(First)	Address Type	Building Type: 1-2 Family <input checked="" type="checkbox"/> Multi Dwelling Other	Home Phone	Cell Phone	Work Phone	
Address: New		915 West End Avenue			Apt	Floor	Borough	Zip Code	HD 16
					CMPLT	CMN1-14	1	10025	3110

OWNER INFORMATION		Name (Last)	(First)	Home Phone	Cell Phone	
Address		Silverstone Property Group, LLC			Work Phone	646-747-3340
		825 3rd Avenue			Apt	City
					36FL	New York NY
					State	Zip Code
					NJ	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	VNOV
Early Intervention Accepted Rejected	Window Guard Violation No Violation	Sibling Information Child ID Child ID		Family Currently in Safe House	
Healthy Homes Inspection:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Safe House:	Rejected <input type="checkbox"/> Accepted <input checked="" type="checkbox"/>		

SAMPLE INFORMATION		Job #	Paint: # of XRF	Paint: # of Positive	Dust Wipes: # of Samples	Dust Wipes: # of Positive
Other Samples - Type and Quantity (describe)						

HEALTH CODE VIOLATIONS		Occupant Protection					
General Provisions	Administrative Requirements	Work Methods	Orders or >100ft ² or Removing Windows			2 - 100ft ²	
			1-05 3-07 3-09 3-15 173.14(a)(1)	173.14(c)(1)(A) 173.14(c)(1)(B) 173.14(c)(2)(A) 173.14(c)(2)(B)(i)(aa) 173.14(c)(2)(B)(i)(bb) 173.14(c)(2)(B)(i)(cc) 173.14(c)(2)(B)(i)(aa) 173.14(c)(2)(B)(i)(bb) 173.14(c)(2)(B)(i)(cc) 173.14(c)(3)(A)	173.14(d)(1)(A) 173.14(d)(1)(B) 173.14(d)(2)(A) 173.14(d)(2)(B) 173.14(d)(2)(C) 173.14(d)(2)(D) 173.14(d)(2)(E)	173.14(e)(2)(F) 173.14(e)(3)(A) 173.14(e)(3)(B) 173.14(e)(3)(C) 173.14(e)(3)(D) 173.14(e)(3)(E) 173.14(e)(3)(F) 173.14(e)(3)(G) 173.14(e)(3)(H) 173.14(e)(3)(I) 173.14(e)(3)(J) 173.14(e)(3)(K)	173.14(e)(4)(A)(i) 173.14(e)(4)(A)(ii) 173.14(e)(4)(B) 173.14(e)(4)(C) 173.14(e)(4)(D) 173.14(e)(4)(E) 173.14(e)(4)(F) 173.14(e)(4)(G) 173.14(e)(4)(H) 173.14(e)(4)(I) 173.14(e)(4)(J)

Healthy Homes Hazard	311 Complaint Number	PHS (Print) R. Abramson	PHS (Signature) <i>R. Abramson</i>	Badge # 3335	Employee ID # 1618	Date: 02/23/17
		Copy Received By (Print) To be mailed	Copy Received By (Signature) <i>[Signature]</i>	Relationship to Child:		Date: 02/23/17
		Supervisor (Print) M. Feingoldstein	Supervisor (Signature) <i>M. Feingoldstein</i>	Badge # 3342	Employee ID # 1787	Date: 3/23/17

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 Prevencion de Envenenamiento per Plomo, estuvo aqui hoy para una visita importante. Por favor llamemos inmediatamente al telefono (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

Inspection Report Notes Progress Report Activity Report Notes

Address <u>915 West End Avenue</u>			Child ID Number	
Apt # <u>CMW</u>	Borough <u>1</u>	Zip <u>10014</u>	LASU Number <u>C2016-0148</u>	Order Number
Assessment/Observations/Comments				

Visited the above address to conduct ~~an~~ follow-up inspection on a complaint regarding generation of dust in the building due to construction. Access was gained into building. A visual walk-through inspection was conducted through floors 1-14. Visible construction dust was observed on all floors. Active renovation/demolition work was observed in progress inside of multiple vacant apartments. No wet towels observed outside of vacant apartments undergoing renovation/demolition and construction workers were observed not wiping their shoes and were dispersing construction dust into the common area. I met with foreman, Jose and instructed him to clean with a HEPA vacuum and wet mop. I contacted building manager, Sacosau and instructed him to enforce safe work practices. A follow-up inspection is required.

Staff (Signature): 	Badge # <u>3375</u>	ID # <u>1618</u>	Date <u>02/23/17</u>	Copy received by <u>To be mailed.</u>
Supervisor (Signature): 	Badge # <u>3342</u>	ID # <u>1787</u>	Date <u>3/23/17</u>	

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

Date: 02/22/17	Start Time: 13:45	End Time: 15:00	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:				LASU Order Number	Order Number	
<input type="checkbox"/> Case <input checked="" type="checkbox"/> Work Practice Complaint <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Peeling Paint Complaint <input type="checkbox"/> 10-14 (Low Act)				C		
			Docket Number	LASU Number L2016-0148		

ADDRESS INFORMATION					
Child: (Last)	(First)	Address Type	Building Type:	Home Phone	
			<input type="checkbox"/> 1-2 Family <input checked="" type="checkbox"/> Multi Dwelling <input type="checkbox"/> Other	Cell Phone	
Address: <u>CMPT</u>			Work Phone		

Address: <u>New</u>	Apt	Floor	Borough	Zip Code	HD 16
<u>915 West End Avenue</u>	<u>CMNH-14</u>		<u>1</u>	<u>10025</u>	<u>3110</u>

OWNER INFORMATION					
Name: (Last)	(First)	Home Phone ()		Cell Phone	
<u>Silver Stone Property</u>		<u>646 747-3390</u>			
Address <u>Management</u>		Apt	City	State	Zip Code
<u>825 3rd Avenue</u>			<u>New York</u>	<u>NY</u>	<u>10022</u>

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
				<u>ST</u>	<u>HFO</u>

Early Intervention	Window Guard	Sibling Information			
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input checked="" type="checkbox"/> Violation <input type="checkbox"/> No Violation	Child ID	Child ID	Child ID	Child ID

Healthy Homes Inspection:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Safe House:	<input type="checkbox"/> Rejected <input type="checkbox"/> Accepted <input type="checkbox"/> Family Currently in Safe House
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SAMPLE INFORMATION					
Job #	Paint: # of XRF	Paint: # of Positive	Dust Wipes: # of Samples	Dust Wipes: # of Positive	
			<u>15</u>	<u>pending</u>	
Other Samples - Type and Quantity (describe)					

HEALTH CODE VIOLATIONS					
General Provisions	Administrative Requirements	Work Methods	Occupant Protection		
			Orders or >100F ² or Removing Windows	2-100F ²	
<input type="checkbox"/> 3.05 <input type="checkbox"/> 3.07 <input type="checkbox"/> 3.09 <input type="checkbox"/> 3.15 <input type="checkbox"/> 173.14(a)(1)	<input type="checkbox"/> 173.14(e)(1)(A) <input type="checkbox"/> 173.14(e)(1)(B) <input type="checkbox"/> 173.14(e)(2)(A) <input type="checkbox"/> 173.14(e)(2)(B)(i)(aa) <input type="checkbox"/> 173.14(e)(2)(B)(i)(bb) <input type="checkbox"/> 173.14(e)(2)(B)(ii)(aa) <input type="checkbox"/> 173.14(e)(2)(B)(ii)(bb) <input type="checkbox"/> 173.14(e)(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(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) <input type="checkbox"/> 173.14(e)(1)(J)(aa) <input type="checkbox"/> 173.14(e)(1)(J)(bb)	<input type="checkbox"/> 173.14(e)(1)(I)(cc) <input type="checkbox"/> 173.14(e)(1)(I)(ii) <input type="checkbox"/> 173.14(e)(1)(I)(iii) <input type="checkbox"/> 173.14(e)(1)(I)(iv)(bb) <input type="checkbox"/> 173.14(e)(1)(I)(v)(cc) <input type="checkbox"/> 173.14(e)(1)(I)(v)(dd) <input type="checkbox"/> 173.14(e)(1)(I)(v)(ee) <input type="checkbox"/> 173.14(e)(1)(I)(v)(ff) <input type="checkbox"/> 173.14(e)(1)(I)(vi) <input type="checkbox"/> 173.14(e)(1)(I)(vii) <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)

Healthy Homes Hazard:	
311 Complaint Number:	

PHS (Print)	PHS (Signature)	Badge #	Employee ID #	Date:
<u>R. Abramson</u>	<u>[Signature]</u>	<u>3339</u>	<u>1618</u>	<u>02/22/17</u>
Copy Received By (Print)	Copy Received By (Signature)	Relationship to Child:		Date:
<u>To be mailed.</u>				<u>02/22/17</u>
Supervisor (Print)	Supervisor (Signature)	Badge #	Employee ID #	Date:
<u>M. Frandolillo</u>	<u>[Signature]</u>	<u>3342</u>	<u>1787</u>	<u>2/2/17</u>

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Inspection Report Notes Progress Report Activity Report Notes

Address <u>915 West End Avenue</u>		Child ID Number	
Apt # <u>CMN</u>	Borough <u>1</u>	Zip <u>10025</u>	Order Number
LASU Number <u>2016-0148</u>			
Assessment/Observations/Comments			
<p>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 1-14. Visible construction dust was observed on floors lobby, 3, 4, 6, 7, 8, 9, 12, 13 and 14. Active construction work renovation/demolition and asbestos abatement was observed in progress in multiple vacant apartments. ^{Fifteen} forteen dust wipe samples were taken, including a ⁽¹²⁾ blank for analysis. I met construction foreman Jose and instructed him to clean and to provide ^{mist} wet towels for the ^{site} work construction workers to wipe their shoes, before leaving the work ^{site} area.</p> <p>I contacted building manager, Jaroslaw and informed him regarding inspection findings and instructed him to enforce safe work practices. No window guards violation observed. A 24 hour follow-up inspection is required. Notice of dust hazard was posted.</p>			
Staff (Signature) 	Badge # <u>3339</u>	I.D # <u>1618</u>	Date <u>02/22/17</u>
Supervisor (Signature) 	Badge # <u>3342</u>	I.D # <u>1787</u>	Date <u>2/2/17</u>

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