NYCServ Violation Copy

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0600543424

ECB 603E 03/17

NYC Environmental Protection

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0600543424

ENFORCEMENT AGENCY: Dept. of Environmental Protection
AGENCY CONTACT INFORMATION: (718) 595-5437 DIVISION: BWSO

LAST NAME OR COMPANY NAME (Print): BEGONIA GARDEN CONDOMINIUM	FIRST NAME:
CELL PHONE #:	
STREET ADDRESS: 2503 Ocean Ave	APT. NO.
CITY: Brooklyn	STATE: NY ZIP: 11229
ID NUMBER:	
TYPE OF ID/ISSUED BY:	

DATE OF OCCURRENCE: 10/28/2025 TIME OF OCCURRENCE: 3:31 PM
PLACE OF OCCURRENCE: 2503 Ocean Av
BOROUGH OF OCCURRENCE: Brooklyn CB No.
☐ Alternative Service

You must respond to the Summons. You can appear on the hearing date and the location below or choose another option. For other options on how to respond, see the back of this page.

HEARING DATE: 1/8/2026 AT: 9:30:00 AM
OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Brooklyn See reverse side for address
[borough]
Phone: (844)628-4692

FOR HEARING OPTIONS, SEE THE BACK OF THIS PAGE
REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE

WARNING: If you do not respond, you may be found automatically responsible and you may owe larger penalties. If you do not pay any imposed penalties, you may lose your ability to keep or get a City license, permit or registration. The City might also take further legal action against you. See the back for more information.

Details of Violation(s)

Section/Rule 15 RC NY 20-04(e) OATH Code W 5 2

Mail-In Penalty: $ N/A Maximum Penalty: $ 1000.00

☐ Respondent must appear in person

K - 7325 - 7508

FAILED TO SUBMIT ANNUAL TEST REPORT FOR BACKFLOW PREVENTION DEVICE SERIAL# 001367 WITHIN 12 MONTHS FROM THE LAST SUBMISSION ON 7/12/2019

☐ Property Removed ☐ 1-2 Family ☐ Multiple Dwelling ☐ Commercial

NYC Charter Sections 1048 and 1049-a and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings.

I, an employee of the enforcement 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.

RANK (TITLE) SIGNATURE OF COMPLAINANT		REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.)
COMPLAINANT'S NAME (Printed): Ruedel, Lucas	TAX REGISTRY NUMBER	AGENCY: 822
NOTICE ALSO SENT TO	FIRST NAME	
LAST NAME		
STREET ADDRESS		
CITY	STATE	ZIP

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