

NYCServ Violation Copy

Internet



0881336840



SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0881336840

ENFORCEMENT AGENCY NAME: DEPT. OF HEALTH AND MENTAL HYGIENE

DIVISION: Environmental Health

BUREAU: Public Health Engineering

AGENCY ADDRESS AND PHONE NUMBER: 42-09 28th St, Long Island City, NY 11101 **Phone:** 718-786-6004

RESPONDENT: 15 LW 12 OWNER LLC C/O: TPG ANGELO GORDON **DBA:**
MAILING ADDRESS: 245 Park Ave, Fl 24, NEW YORK, NY 10167 **ID NUMBER:** 2000002947
PHONE: 2126827878

DATE OF OCCURRENCE: 04/02/2026 **TIME OF OCCURRENCE:** 08:00 **BOROUGH:** Manhattan
PLACE OF OCCURRENCE: 15 LITTLE WEST 12TH ST, Manhattan, NY 10014

You must respond to the Summons. See the reverse side for how to respond.

HEARING DATE: 07/13/2026 **AT:** 08:30

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS:

☒ Manhattan ☐ Staten Island ☐ Bronx ☐ Queens ☐ Brooklyn
66 John St, 10th Fl 350 St.Mark's Pl, Main Fl 260 E.161st St, 6th Fl 31-00 47th Ave, 4th Fl 9 Bond St, 7th Fl
New York, NY 10038 Staten Island, NY 10301 Bronx, NY 10451 Long Island City, NY 11101 Brooklyn, NY 11201

INSTRUCTIONS FOR RESPONDING TO THIS SUMMONS ARE ON THE BACK OF THIS PAGE.

REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE.

WARNING: If you do not show up for your hearing (or pay the penalty by mail if permitted) the Summons will be decided against you and penalties will be imposed. Your license may also be suspended or revoked. In addition, the City may enter a judgment against you in court.

Details of Violation(s)

No records of all chemicals and biocides (C&B) added

24 RCNY §8-05(c)(3) **AH8L** **Mail-In Penalty:** 500 **Maximum Penalty:** 1000

At time of inspection, Respondent failed to provide any chemical or biocide usage records for: NALCO 7330, STABREX ST70, Nalco C767L

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. **For hearing options, see other side of this notice.**

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.

Amor Luciano / 4064

Name/ID:

Signature:

Inspector

Rank/Title:

818

Agency Code:

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.

Received by:

Title:

Date:



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