NYCServ Violation Copy

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0881338810

SUMMONS • FOR CIVIL PENALTIES ONLY

NYC Health

SUMMONS NUMBER: 0881338810

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:	EQR-MANTENA, LLC EQUITY RESIDENTIAL	**DBA:**	
MAILING ADDRESS:	P.O. BOX 87407, CHICAGO, IL 60680-0407	**ID NUMBER:**	2000004235
		PHONE:	2404647679

DATE OF OCCURRENCE:	05/28/2026	**TIME OF OCCURRENCE:**	08:39	**BOROUGH:**	Manhattan
PLACE OF OCCURRENCE:	431 WEST 37 STREET, Manhattan, NY 10018				

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

HEARING DATE: 08/28/2026 **AT:** 08:30

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS:

[X] 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)

Failure to report Legionella sample test date within 5 days

Admin Code 17-194.1(f) **AHK0** **Mail-In Penalty:** **500** **Maximum Penalty:** **1000**

At the time of the inspection, the Qualified Person failed to report the Legionella sample test date in the cooling tower registration portal within 5 days, as required. The respondent did not report the Legionella sample collected on 04/23/2026 in violation of Administrative Code §17-194.1

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.

Parisa Akbari / 3557		Inspector	818
Name/ID:	**Signature:**	**Rank/Title:**	**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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