# NYCServ Violation Copy

Internet

0881346960

SUMMONS • FOR CIVIL PENALTIES ONLY

NYC Health

## SUMMONS NUMBER: 0881346960

**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:** 8 - 11 & 13 43RD ROAD LLC **DBA:**

**MAILING ADDRESS:** 16 RIDGE PL., PELHAM, NY 10803-3424 **ID NUMBER:** 2000013919

**PHONE:** 917 807-8004

**DATE OF OCCURRENCE:** 08/27/2026 **TIME OF OCCURRENCE:** 10:00 **BOROUGH:** Queens

**PLACE OF OCCURRENCE:** 43-10 9TH ST, Queens, NY 11101

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

**HEARING DATE:** 09/15/2026 **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)**

***Failure to report Legionella sample test date***

**Admin Code 17-194.1(f)** **AHK2** **Mail-In Penalty: 1000** **Maximum Penalty: 2000**

*Respondent is in violation of Admin Code 17-194.1 in that the Legionella sample test date(s) due by 3/07/2025; 6/4/2025; 9/02/2025; 12/01/2025 was not reported by the Qualified Person in the cooling tower registration.*

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.

| Lydia Yang / 028 | | 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:** _____

0881346960