

CITY OF HARTFORD
DEPARTMENT OF HEALTH & HUMAN SERVICES

Environmental Health Division
Lead Poisoning Prevention and Education Program
131 Coventry Street, Hartford, Connecticut 06112
Telephone (860) 543-8817 / Fax (860) 722-6425

CERTIFIED -- RECEIPT #7004 0750 0002 5720 8634

NOTICE OF LEAD - BASED PAINT VIOLATION

Douglas E. Paulino
9-11 Orange Street
Hartford, CT 06106

Re: 11 Orange Street, 2nd & 3rd Floor August 21, 2008
Hartford, Connecticut 06106

Dear Mr. Paulino:

Following an inspection conducted on August 20, 2008 of a dwelling and the adjoining premises owned by you, or under your charge and located at 11 Orange Street, 2nd & 3rd floor, Hartford, Connecticut, it has been determined that there exist toxic levels of lead in or on the dwelling and/or on the premises surrounding said dwelling. It has also been determined that at least one child less than six (6) years of age resides in the dwelling. Moreover, there has been reported an elevated blood level in at least one child residing in the dwelling located at 11 Orange Street, 2nd & 3rd floor, Hartford, Connecticut.

Pursuant to Connecticut General Statutes Section 19a-111 *et seq.* and its accompanying regulations, the owner of any dwelling in which the paint, plaster or other materials contain toxic levels of lead and in which children under the age of six reside, shall abate or manage the dangerous materials in a manner governing lead poisoning prevention and control provide that:

When a child resides in a dwelling unit all defective lead-based surfaces shall be abated.

When a child resides in a dwelling all defective exterior surfaces and all defective surfaces in common areas containing toxic levels of lead shall be abated.

When a child has an elevated blood level then abatement shall include all lead-based chewable surfaces whether or not that surface is defective and all lead-based moveable parts of windows and surfaces that rub against moveable parts of windows.

When a child resides in a dwelling requiring lead abatement, interior dust, drinking water and exterior soil shall be assessed. When soil or sand areas that are not covered by grass, sod, other live ground covers, wood chips, gravel, artificial turf, or similar covering are found to contain lead concentrations in excess of 400 parts per million, such bare soil or sand areas shall be abated. When lead dust hazards are found to be a source of potential source of elevated blood levels in a child, lead dust shall be reduced to a safe level using appropriate cleaning methods. When lead in drinking water is determined to be a source or potential source of elevated blood lead in a child, appropriate remedial action approved by the local director of health shall be implemented.

Pursuant to Section 19a-111(f) of the regulations, authority is vested in the local code enforcement agency to issue an order to correct defective lead-based surfaces requiring abatement and soil areas identified as a source, or potential source for elevated blood levels.

YOU ARE THEREFORE, HEREBY ORDERED PURSUANT TO SECTION 19A-111 OF THE CONNECTICUT GENERAL STATUTES AND SECTIONS 19a-111-2(e), 19a-111-3(f), AND 19a-111-4(c) OF THE REGULATIONS TO:

Adequately abate by proper preparation, containment, abatement, clean-up, and waste disposal. ALL DEFECTIVE PAINT, PLASTER OR OTHER MATERIAL CONTAINING TOXIC LEVELS OF LEAD
Ob both the interior and exterior surfaces and soil of said property as more specifically described in the attached document.

Adequately abate by proper preparation, containment, clean-up, and waste disposal ALL INTACT LEAD-based chewable surfaces and all lead-BASED MOVABLE PARTS OF WINDOWS AND SURFACES THAT RUB AGAINST MOVABLE PARTS OF WINDOWS as more specifically described in the attached document.

Eliminate LEAD DUST HAZARDS that were found to be a source or a potential source of elevated blood lead in a child using appropriate cleaning methods.

Address the LEVEL OF LEAD IN DRINKING WATER that was determined to be a source or potential source of elevated blood lead in a child utilizing appropriate remedial action that has been approved by me.

Adequately manage ALL INTACT SURFACES CONTAINING TOXIC LEVELS OF LEAD THAT WILL REMAIN AND NOT BE ABATED AT THIS TIME as more specifically described in the attached document.

These surfaces may be abated as opposed to managed in place at your discretion, but must then be addressed within the lead abatement plan - see below).

FURTHER, IT IS HEREBY ORDERED, that:

You are to submit a written lead abatement plan to me within fifteen (15) days of this order pursuant to Sections 19a-111-4 and 19a-111-5 of the regulations.

You are to prepare a written lead management plan addressing intact lead-based surfaces that will remain and not be abated at this time. This management plan will be prepared within 60 days of the date that inspection results were received pursuant to Section 19a-111-2(e) of the regulations. This plan shall be transferred with ownership upon transfer of title.

Sincerely,


Carlos Rivera, MPH, MBA, LCSW
Director of Health and Human Services

AUTHORITY: Connecticut General Statutes Sections 19a-111 et seq. and 19a-206 et seq.;
Regulations of Connecticut State Agencies Section 19a-111-1 et seq.

PENALTY: Connecticut General Statutes Sections 19a-206(b)(2) and (e) and 19a-230.

The federal Residential Lead-Based Paint Hazard Reduction Act, 42 U.S.C. 4852d, requires sellers and landlords of most residential housing built before 1978 to disclose all available records and reports concerning lead-based paint and/or lead-based paint hazards, including the test results contained or referenced in this notice, to purchasers and tenants at the time of sale or lease or upon lease renewal. This disclosure must occur even if hazard reduction or abatement has been completed. Failure to disclose these test results is a violation of the U.S. Department of Housing and Urban Development and the U.S. Environmental Protection Agency regulations at 24 CFR Part 35 and 40 CFR Part 745 and can result in a fine of up to \$11,000 per violation. To find out more information about your obligations under federal lead-based paint requirements, call 1-800-424-LEAD.



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

LEAD INSPECTION REPORT FORM

This lead inspection report form must be completed and sent to the property owner, local director of health and the commissioner of the Department of Public Health in accordance with Section 19a-111-3(d) of the regulations of Connecticut State Agencies concerning Lead Poisoning Prevention and Control.

PROPERTY INSPECTED

Street Address: 9 Orange Street Apt# 3 Floor: 3
 City/Town: Hartford Zip Code: 06106 Telephone: 570-0148
 If Apartment, Number of Units: 3 Year Property Built: 1913

PROPERTY OWNER

Douglas Paulino
 Street Address: 9-11 Orange City: Hartford
 State: CT Zip Code: 06106 Telephone: _____

INSPECTING ENTITY

A. If Consultant Contractor:

Name: _____
 Street Address: _____
 State: _____ Zip Code: _____
 Consultant License Number: _____
 Inspector's Name: _____ Telephone: _____
 Inspector's Certification Number: _____

B. If Code Enforcement Agency:

Department Name: City of Hartford Health & Human Service
 Street Address: 131 Coventry Street
 Town/City Department: Hartford Telephone: 543-8817
 Inspector's Name: McKoy Telephone: 547-1426 Ext 7076
 Date of Inspector's Initial Training: 3/1/07 Date of Latest Refresher Training: 3/1/08



Phone: (860) 509-7299, Fax: (860) 509-7295
 Telephone Device for the Deaf (860) 509-7191

INSPECTION INFORMATION

Date(s) of inspection: 8/20/2008

For each day the inspection was conducted consent was given by an adult occupant of the dwelling unit to enter and inspect all areas of the dwelling that are under the control of that individual or to which that individual has legitimate access. Yes No

Name of person granting consent: Zuleyka Melendez Date: 8/20/08
Name of person granting consent: _____ Date: _____
Name of person granting consent: _____ Date: _____

Were Lead-Based Surfaces Identified? (Please check) Yes No

If yes, check appropriate box(es) below and attach "LEAD BASED PAINT DATA PAGES"

Interior Defective Surfaces Exterior Defective Surfaces
 Interior Intact Surfaces Exterior Intact Surfaces

Indicate Potential Sources of Lead Identified

Paint (exterior) Soil Water
 Paint (interior) Dust Other: _____

Was drinking water exposure pathway investigated and the potential for lead poisoning to a child assessed? Yes No

If yes, list sampling locations: Kitchen Sink, 2nd draw

Was dust exposure pathway investigated and the potential for lead poisoning to child assessed? Yes No

If yes, list area(s) tested: Window Wells; floors

Was soil exposure pathway investigated and the potential for lead poisoning to child assessed? Yes No

If soil samples were collected, document soil sampling methodology below: 2" down, Base Area

Is a lead abatement plan required for this property per section 19a-111-4(a) of the Connecticut State Regulations concerning Lead Poisoning Prevention and Control? (A lead management plan for this property may be required per Section 19a-111-2(e) of the Connecticut State Regulations concerning Lead Poisoning Prevention and Control). Yes No

The federal Residential Lead-Based Paint Hazard Reduction Act, 42 U.S.C. 4852d, requires sellers and landlords of most residential housing built before 1978 to disclose all available records and reports concerning lead-based paint and/or lead-based paint hazards, including the test results contained or referenced in this notice, to purchasers and tenants at the time of sale or lease or upon lease renewal. This disclosure must occur even if hazard reduction or abatement has been completed. Failure to disclose these test results is a violation of the U.S. Department of Housing and Urban Development and the U.S. Environmental Protection Agency regulations at 24 CFR Part 35 and 40 CFR Part 745 and can result in a fine of up to \$11,000 per violation. To find out more information about your obligations under federal lead-based paint requirements, call 1-800-424-LEAD.

Inspector's Signature: [Signature] Dated: 8/20/2008

Mail To:
State of Connecticut - Department of Public Health
Division of Environmental Health
P.O. Box 340308, MS# 51ED
Hartford, CT 06134-0308



STATE OF CONNECTICUT
 Department of Public Health
 Division of Laboratory Services
 10 Clinton St.
 P.O. Box 1689

Hartford, CT 06144
 CONN. CLINICAL TESTING LICENSE# CL-0197
 TELEPHONE: (860)509-8500

LD.	ACCESSION NO.	ACCOUNT NO.	AGE	S	PAGE
	22386981	D06112	0		1
INFORMATION					
064 HARTFORD FLR 2 11 ORANGE ST HARTFORD CT					
COLLECTED		RECEIVED		REPORTED	
08/20/08 00:00		08/22/08 15:39		08/28/08 12:03	

HARTFORD DIRECTOR OF HEALTH
 C. RIVERA/M. PASCUCILL
 2 HOLCOMB STR
 HARTFORD CT 06112

REPORT	FINAL REPORT	COMMENT
TEST(S)	RESULT(S)	
*** 22386981 1/KITCHEN FLR LEAD DUST WIPE 22386982 2/BED 1 WW *** LEAD DUST WIPE 22386983 3/INT HALL FLR *** LEAD DUST WIPE 22386984 4/BLANK *** LEAD DUST WIPE	NPDES NO: IND: COLLECTOR: MCKOY 27 UG/SQ FT Method: Modified EPA 3050B/239.1 Test Results are not corrected for Blank Value 1800 UG/SQ FT Method: Modified EPA 3050B/239.1 Test Results are not corrected for Blank Value 29 UG/SQ FT Method: Modified EPA 3050B/239.1 Test Results are not corrected for Blank Value <20 UG/SQ FT Method: Modified EPA 3050B/239.1 Test Results are not corrected for Blank Value	
** END OF REPORT **		



HEALTH & HUMAN SERVICES
 RECEIVED

2008 SEP -8 AM 10:09

Handwritten signature

ORIGINAL



STATE OF CONNECTICUT
 Department of Public Health
 Division of Laboratory Services

10 Clinton St.
 P.O. Box 1689
 Hartford, CT 06144

CONN. CLINICAL TESTING LICENSE# CL-0197
 TELEPHONE: (860) 509-8500

I.D.	ACCESSION NO.	ACCOUNT NO.	AGE	S	PAGE
	22387291	D06112	0		1

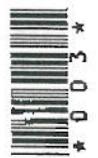
INFORMATION
 064 HARTFORD
 FLR 3
 11 ORANGE ST
 HARTFORD CT

COLLECTED	RECEIVED	REPORTED
08/20/08 00:00	09/03/08 11:44	09/17/08 12:42

HARTFORD DIRECTOR OF HEALTH
 C. RIVERA/M. PASCUCILL
 2 HOLCOMB STR
 HARTFORD CT 06112

REPORT	FINAL REPORT	COMMENT
		KITCHEN SINK-2ND DRAW

TEST(S)	RESULT(S)
*** UNITS: MG/L UNLESS NOTED LEAD	NPDES NO: IND: COLLECTOR: MCKOY <0.003
 9/18/08 ** END OF REPORT **	



ORIGINAL



STATE OF CONNECTICUT

Department of Public Health Laboratory
Clinical Testing License: CL-0197
10 Clinton St.
P.O. Box 1689
Hartford, CT 06144
Telephone (860) 509-8500

DPH ENV CHEM

PAGE 02

22386999	D06112	0	1
064HARTFORD FLR 3 11 ORANGE ST HARTFORD CT			
08/20/08 00:00	08/22/08 15:48	08/27/08 11:48	

HARTFORD DIRECTOR OF HEALTH
C. RIVERA/M. PASCUCILL
2 HOLCOMB STR
HARTFORD CT 06112

TOWN NR: 064

FINAL REPORT

1/REAR YARD NEXT TO FENCE

NPDES NO: IND:
COLLECTOR: MCKOY

LEAD IN SOIL

1300 MG/KG
Method: Modified EPA 3050B/239.1
Test Results are not corrected for Blank Value

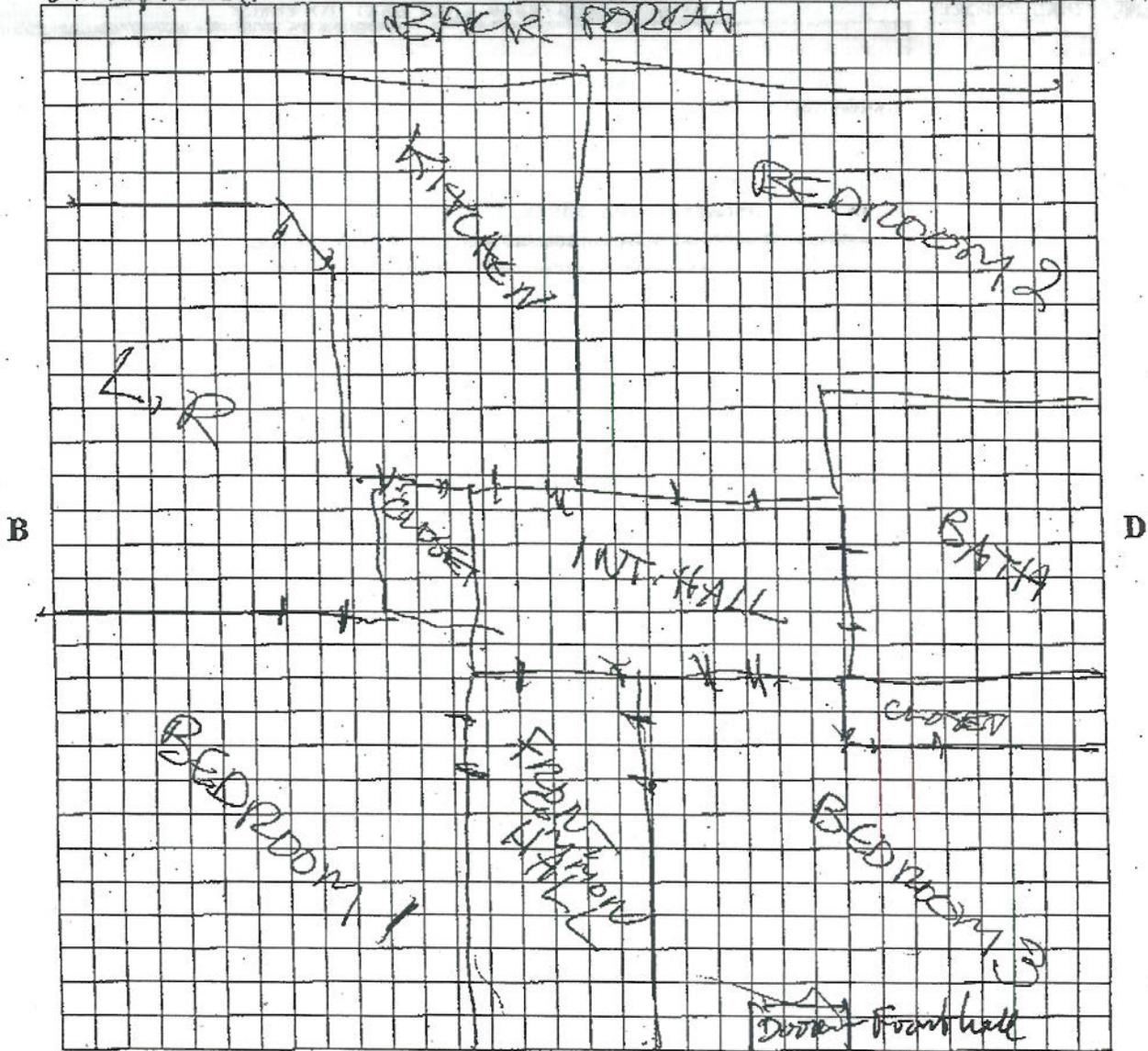
** END OF REPORT **

CITY OF HARTFORD
HARTFORD HEALTH DEPARTMENT
 Lead Poisoning Prevention and Education Program

Address: 11 Orange			Apt. 2	Floor: 2	Zip 06106						
Date: 8-20-08			Time: 2:05 PM	Inspector: Mckoy - Brooks							
XRF Serial # 1252	Type: LPA-1		Building Type	1	2	3	4	5	6	7	8+
0.0 Test	0.1	0.1	0.0	Unit Number	18	Rear Porch Contiguous: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
1.0 Test	1.2	1.0	1.1	60 seconds							

All old windows needs to be replaced.

Baby spends 1/2 time here granda in



Interim Reading

A (Street Side)

Closing Reading

0.0 Test / / /

0.0 Test 0.1/0.1 / 0.0 /

1.0 Test / / /

1.0 Test 1.0/ 1.0 / 1.2 /

CITY OF HARTFORD
HARTFORD HEALTH DEPARTMENT
 Lead Poisoning Prevention and Education Program

Address: <u>11 Orange</u>	Apt. <u>2</u>	Floor <u>2</u>	Zip
Date: <u>8-20-08</u>	Time:	Inspector: <u>McKoy</u>	

KITCHEN				PANTRY			
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#	Side	Source	Reading				I D	#	Side	Source	Reading				I D
			A	B	C	D					A	B	C	D	
		Upper walls	9.2	0.1	0.3	0.7	D		Upper walls						
		Lower walls							Lower walls						
		Chair rail							Chair rail						
		Ceiling	0.2						Ceiling						
		Crown molding							Crown molding						
	"A"	Baseboard	1.2						Baseboard						
		Radiator	baseboard heat						Radiator						
		Floor	v-tile						Floor						
		Door back entrance					D		Door						
		Casing	0.3				D		Casing						
		Jamb	0.2				D		Jamb						
		Threshold	concrete						Threshold						
		Door Int Hall	no door						Window sill						
		Casing	0.8				D		Well						
		Jamb	0.0				D		Apron						
		Threshold	metal						Casing/Jamb						
		Window sill	0.1				D		Stops/Pt. Bead						
		Well	new metal						Sash						
		Apron	0.1				D		Ext sill						
		Casing/Jamb	0.1				D		Ext sash						
		Stops/Pt. Bead	new metal						Closet walls						
		Sash	new metal						Door-Int.						
		Ext sill	concrete						Casing						
		Ext sash	new metal						Jamb						
		Closet walls	0.1 0.2 0.3				D		Shelves						
		Door-Int	0.6						Supports						
		Casing	0.2				D		Upper cabinets						
		Jamb	0.3				D		Shelves						
		Shelves	0.0						Lower cabinets						
		Supports	0.1						Shelves						
		Upper cabinets	new / 0.4				D								
		Shelves	new												
		Lower cabinets	new				0.2	D							
		Shelves	new												

to closet
 Door 0.3 D
 Casing 0.2 D
 Jamb 0.3 D
 Thresh metal

to LP
 Door no door
 Casing 0.6 D
 Jamb 1.1 D
 Thresh metal

*Items deemed inaccessible will be retested at a later date. Owner will be advised if corrective action is needed.

Notes:

Windows that are found to be inaccessible: painted shut/ broken/ bars/ furniture in front/ pets

CITY OF HARTFORD
HARTFORD HEALTH DEPARTMENT
 Lead Poisoning Prevention and Education Program

Address: 11 Orange	Apt. 2	Floor 2	Zip
Date: 8/20/08	Time: 2pm	Inspector: McKay	

LIVING ROOM	DINNING ROOM
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*Door to Bed #1
Apr 0.1 D
Jamb 0.3 D
Jamb 0.3 D
Fresh metal*

#	Side	Source	Reading				I D	#	Side	Source	Reading				I D
			A	B	C	D					A	B	C	D	
		Upper walls	0.4	0.1	0.5	0.7	F			Upper walls					
		Lower walls								Lower walls					
		Chair rail								Chair rail					
		Ceiling	0.1				D			Ceiling					
		Crown molding								Crown molding					
		Baseboard	0.2				D			Baseboard					
		Radiator baseboard								Radiator					
		Floor v-tile								Floor					
		Door to closet	0.5							Door					
		Casing	0.2				B			Casing					
		Jamb	0.2				B			Jamb					
		Threshold					B			Threshold					
		Door to kitchen	no door							Door					
		Casing	0.6				D			Casing					
		Jamb	0.2				B			Jamb					
		Threshold	metal							Threshold					
		Window sill	0.5							Window sill					
		Well	new metal							Well					
		Apron	0.1							Apron					
		Casing/Jamb	0.2							Casing/Jamb					
		Stops/Pt. Bead	new metal							Stops/Pt. Bead					
		Sash	new metal							Sash					
		Ext. sill	chrome							Ext. sill					
		Ext. sash	new metal							Ext. sash					
		Closet walls	0.3	0.3	0.0	0.8				Closet walls					
		Door-Int	no inspection							Door-Int					
		Casing	0.2				D			Casing					
		Jamb	0.2				B			Jamb					
		Shelves	0.5				D			Shelves					
		Supports	0.5				D			Supports					

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Notes:

Windows that are found to be inaccessible: painted shut/ broken/ bars/ furniture in front/ pets

CITY OF HARTFORD
HARTFORD HEALTH DEPARTMENT
 Lead Poisoning Prevention and Education Program

Address: <i>11 Orange</i>	Apt. <i>Fl-2</i>	Floor <i>2</i>	Zip <i>06106</i>
Date: <i>8/20/08</i>	Time: <i>2 PM</i>	Inspector: <i>Mcken</i>	

BATHROOM 1					BATHROOM 2				
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#	Side	Source	Reading				I D	#	Side	Source	Reading				I D
			A	B	C	D					A	B	C	D	
		Upper walls	0.0	0.1	0.2	0.1	I			Upper walls					
		Lower walls								Lower walls					
		Chair rail								Chair rail					
		Ceiling	0.0							Ceiling					
		Crown molding								Crown molding					
	<i>B</i>	Baseboard	0.2							Baseboard					
		Radiator								Radiator					
		Floor								Floor					
		Door <i>entry</i>	0.1							Door					
		Casing	0.2							Casing					
		Jamb	0.1							Jamb					
		Threshold								Threshold					
		Window sill	0.1							Window sill					
		Well								Well					
		Apron	0.2							Apron					
		Casing/ Jamb	0.1							Casing/ Jamb					
		Stops/ Pt. Bead								Stops/Pt. Bead					
		Sash								Sash					
		Ext. Sill								Ext. Sill					
		Ext. Sash								Ext. Sash					
		Closet walls								Closet walls					
		Door-Int								Door-Int					
		Casing								Casing					
		Jamb								Jamb					
		Shelves								Shelves					
		Supports								Supports					
		Upper cabinets								Upper cabinets					
		Shelves								Shelves					
		Lower cabinets								Lower cabinets					
		Shelves								Shelves					
		Medicine cabinet								Medicine cabinet					

*Items deemed inaccessible will be retested at a later date. Owner will be advised if corrective action is needed.

Notes:

Windows that are found to be inaccessible: painted shut/ broken/ bars/ furniture in front/ pets

CITY OF HARTFORD
HARTFORD HEALTH DEPARTMENT
 Lead Poisoning Prevention and Education Program

Address: <u>11 Orange</u>	Apt. <u>2</u>	Floor <u>2</u>	Zip
Date: <u>8-20-08</u>	Time:	Inspector: <u>McKoy</u>	

BEDROOM 1	BEDROOM 2
------------------	------------------

#	Side	Source	Reading				I D	#	Side	Source	Reading				I D
			A	B	C	D					A	B	C	D	
		Upper walls	0.8	0.3	0.1	0.2	D			Upper walls	0.1	0.2	0.2	0.1	D
		Lower walls								Lower walls					
		Chair rail								Chair rail					
		Ceiling	0.4				D			Ceiling	0.2				D
		Crown molding								Crown molding					
		Baseboard	0.2				D			Baseboard					unp
		Radiator	baseboard							Radiator	baseboard				heat
		Floor	unp							Floor					unp
		Door	entry							Door	entry				
		Casing	0.2							Casing					
		Jamb	0.2							Jamb					
		Threshold	metal							Threshold					
		Door	to chambers closet				B			Door	closet				
		Casing					D			Casing					
		Jamb	non-ess							Jamb					
		Threshold	unp wood							Threshold					
		Window sill	0.2				D			Window sill					unp
		Well	0.3				D			Well	0.1				D
		Apron	0.4							Apron					unp
		Casing/ Jamb	0.2							Casing/ Jamb					
		Stops/ Pt. Bead	0.1				D			Stops/ Pt. Bead					
		Sash	0.0				D			Sash					
		Ext. sill	concrete							Ext. sill	concrete				
		Ext. sash	0.9				D			Ext. sash	1.7				D
		Closet walls								Closet walls	0.1	0.0	0.0	0.1	D
		Door-Int								Door-Int					
		Casing								Casing					
		Jamb								Jamb					
		Shelves								Shelves					D
		Supports								Supports	0.0				D

Checked
5. Areas
Here

*Items deemed inaccessible will be retested at a later date. Owner will be advised if corrective action is needed.

Notes:

 Windows that are found to be inaccessible: painted shut/ broken/ bars/ furniture in front/ pets

**CITY OF HARTFORD
HARTFORD HEALTH DEPARTMENT
Lead Poisoning Prevention and Education Program**

Address: 11 Orange	Apt. 2	Floor 2	Zip
Date: 8-20-08	Time: 3pm	Inspector: Mckoy	

BEDROOM 3					BEDROOM 4				
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#	Side	Source	Reading				I D	#	Side	Source	Reading				I D
			A	B	C	D					A	B	C	D	
		Upper walls								Upper walls					
		Lower walls								Lower walls					
		Chair rail								Chair rail					
		Ceiling								Ceiling					
		Crown molding								Crown molding					
		Baseboard								Baseboard					
		Radiator								Radiator					
		Floor								Floor					
		Door								Door					
		Casing								Casing					
		Jamb								Jamb					
		Threshold								Threshold					
		Door								Door					
		Casing								Casing					
		Jamb								Jamb					
		Threshold								Threshold					
		Window sill								Window sill					
		Well								Well					
		Apron								Apron					
		Casing/ Jamb								Casing/ Jamb					
		Stops/Pt. Bead								Stops/Pt. Bead					
		Sash								Sash					
		Ext. Sill								Ext. Sill					
		Ext. Sash								Ext. Sash					
		Closet walls								Closet walls					
		Door-Int								Door-Int					
		Casing								Casing					
		Jamb								Jamb					
		Shelves								Shelves					
		Supports								Supports					

*Items deemed inaccessible will be retested at a later date. Owner will be advised if corrective action is needed.

Notes:

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CITY OF HARTFORD
HARTFORD HEALTH DEPARTMENT
 Lead Poisoning Prevention and Education Program

Address: 11 Orange	Apt.	Floor	Zip
Date: 8-20-08	Time:	Inspector:	

Front COMMON HALL	FRONT PORCH
-------------------	-------------

#	Side	Source	Reading				I D	#	Side	Source	Reading				I D
			A	B	C	D					A	B	C	D	
		Upper walls							Sidings						
		Lower walls							Floor						
		Chair rail							Ceiling joists						
		Ceiling							Upper trim						
		Crown molding							Columns						
		Baseboard							Storm door						
		Radiator							Entry door						
		Floor							Casing						
		Door							Jamb						
		Casing							Threshold						
		Jamb							Window sill						
		Threshold							Well						
		Window sill							Apron						
		Well							Casing/Jamb						
		Apron							Stops/PT Bead						
		Casing/Jamb							Sash						
		Stops/Pt.Bead							Ext. sill						
		Sash							Ext. sash						
		Ext. sill							Stair treads						
		Ext. sash							Risers						
		Closet walls							Handrails						
		Door-Int							Rail cap						
		Casing							Newel post						
		Jamb							Stringer outer						
		Shelves							Stringer inner						
		Supports							Balusters						
		Stair treads							Lower railings						
		Risers							Lower trim						
		Handrails							Lattice						
		Balusters													
		Newel post													
		Stringer inner													
		Stringer outer													

*Items deemed inaccessible will be retested at a later date. Owner will be advised if corrective action is needed.

Notes:

Windows that are found to be inaccessible: painted shut/ broken/ bars/ furniture in front/ pets

CITY OF HARTFORD
HARTFORD HEALTH DEPARTMENT
 Lead Poisoning Prevention and Education Program

Address: <i>11 Orange</i>	Apt.	Floor	Zip
Date:	Time:	Inspector: <i>Wickham</i>	

<i>Rear</i> COMMON HALL	BACK PORCH
-------------------------	------------

#	Side	Source	Reading				I D	#	Side	Source	Reading				I D
			A	B	C	D					A	B	C	D	
		Upper walls							Sidings						
		Lower walls							Floor						
		Chair rail							Ceiling joists						
		Ceiling							Upper trim						
		Crown molding							Columns						
		Baseboard							Storm door						
		Radiator							Entry door						
		Floor							Casing						
		Door							Jamb						
		Casing							Threshold						
		Jamb							Window sill						
		Threshold							Well						
		Window sill							Apron						
		Well							Casing/Jamb						
		Apron							Stops/PT Bead						
		Casing/Jamb							Sash						
		Stops/PT Bead							Ext. sill						
		Sash							Ext. sash						
		Ext. sill							Stair treads						
		Ext. sash							Risers						
		Closet walls							Handrails						
		Door-Int.							Rail cap						
		Casing							Newel post						
		Jamb							Stringer outer						
		Shelves							Stringer inner						
		Supports							Balusters						
		Stair treads							Lower Railings						
		Risers							Lower Trim						
		Handrails							Lattice						
		Balusters													
		Newel post													
		Stringer inner													
		Stringer outer													

*Items deemed inaccessible will be retested at a later date. Owner will be advised if corrective action is needed.

Notes:

Windows that are found to be inaccessible: painted shut/ broken/ bars/ furniture in front/ pets

CITY OF HARTFORD
HARTFORD HEALTH DEPARTMENT
 Lead Poisoning Prevention and Education Program

Address: <u>11 Orange</u>	Apt. <u>2</u>	Floor <u>2</u>	Zip
Date: <u>8-20-08</u>	Time:	Inspector: <u>McKoy</u>	

FRONT FOYER	REAR FOYER
--------------------	-------------------

#	Side	Source	Reading				I D	#	Side	Source	Reading				I D
			A	B	C	D					A	B	C	D	
		Upper walls							Upper walls						
		Lower walls							Lower walls						
		Chair rail							Chair rail						
		Ceiling							Ceiling						
		Crown molding							Crown molding						
		Baseboard							Baseboard						
		Radiator							Radiator						
		Floor							Floor						
		Door							Door						
		Casing							Casing						
		Jamb							Jamb						
		Threshold							Threshold						
		Window sill							Window sill						
		Well							Well						
		Apron							Apron						
		Casing/ Jamb							Casing/ Jamb						
		Stops/Pt. Bead							Stops/Pt. Bead						
		Sash							Sash						
		Ext. sill							Ext. sill						
		Ext. sash							Ext. sash						
		Closet walls							Closet walls						
		Door-Int							Door-Int						
		Casing							Casing						
		Jamb							Jamb						
		Shelves							Shelves						
		Supports							Supports						
		Stair treads							Stair treads						
		Risers							Risers						
		Handrails							Handrails						
		Balusters							Balusters						
		Newel Post							Newel Post						
		Stringer inner							Stringer inner						
		Stringer outer							Stringer outer						

*Items deemed inaccessible will be retested at a later date. Owner will be advised if corrective action is needed.

Notes:

Windows that are found to be inaccessible: painted shut/ broken/ bars/ furniture in front/ pets

**CITY OF HARTFORD
HARTFORD HEALTH DEPARTMENT
Lead Poisoning Prevention and Education Program**

Address: <u>11 Orange</u>	Apt. <u>2</u>	Floor <u>2</u>	Zip
Date: <u>8-20-08</u>	Time:	Inspector: <u>McKey</u>	

EXTERIOR SIDE A	EXTERIOR SIDE B
------------------------	------------------------

#	Side	Source	Reading	I D	#	Side	Source	Reading	I D
		Sidings	↗				Sidings	↗	
		Corner boards					Corner boards		
		Soffit					Soffit		
		Foundation					Foundation		
		Ext. window sill					Ext. window sill		
		Casing	See				Casing	See	
		Sash					Sash		
		Storm door					Storm door		
		Door					Door		
		Casing					Casing		
		Jamb					Jamb		
		Threshold					Threshold		
		Cellar wind. Sill	Door				Cellar wind. Sill	Door	
		Casing					Casing		
		Sash					Sash		
		Well					Well		
		Hatchway					Hatchway		
		Fence					Fence		
		Louvers / Vents					Louvers / Vents		
		Conduit					Conduit		
		Gutter					Gutter		
		Shutter					Shutter		
		Lattice	↘				Lattice	↘	

*Items deemed inaccessible will be retested at a later date. Owner will be advised if corrective action is needed.

Notes:

Windows that are found to be inaccessible: painted shut/ broken/ bars/ furniture in front/ pets

CITY OF HARTFORD
HARTFORD HEALTH DEPARTMENT
 Lead Poisoning Prevention and Education Program

Address: 1) <i>Oranget</i>	Apt. <i>2</i>	Floor <i>2</i>	Zip
Date: <i>8-20-08</i>	Time:	Inspector: <i>Mckoy</i>	

<i>Interior Hall</i> ROOM	ROOM
---------------------------	------

#	Side	Source	Reading				I D	#	Side	Source	Reading				I D
			A	B	C	D					A	B	C	D	
		Upper walls	0.1	0.2	0.1	0.5			Upper walls						
		Lower walls							Lower walls						
		Chair rail							Chair rail						
		Ceiling	0.1						Ceiling						
		Crown molding							Crown molding						
	<i>B</i>	Baseboard	0.6						Baseboard						
		Radiator							Radiator						
		Floor							Floor						
		Door <i>Entry</i>	0.1						Door						
		Casing	0.2						Casing						
		Jamb	0.2						Jamb						
		Threshold							Threshold						
		Door <i>Kitchen</i>							Door						
		Casing							Casing						
		Jamb							Jamb						
		Threshold							Threshold						
		Window sill							Window sill						
		Well							Well						
		Apron							Apron						
		Casing/ Jamb							Casing/ Jamb						
		Stops/Pt. Bead							Stops/Pt. Bead						
		Sash							Sash						
		Ext. Sill							Ext. Sill						
		Ext. Sash							Ext. Sash						
		Closet walls							Closet walls						
		Door-Int							Door-Int						
		Casing							Casing						
		Jamb							Jamb						
		Shelves							Shelves						
		Supports							Supports						
		Door - Bath													
		Door - Bdrm 2													
		Door - Bdrm 3													

*Items deemed inaccessible will be retested at a later date. Owner will be advised if corrective action is needed.

Notes:

Windows that are found to be inaccessible: painted shut/ broken/ bars/ furniture in front/ pets



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

RECEIVED

04 MAR -2 AM 11:49

DEPT. OF HEALTH SERVICES ENVIRONMENTAL HEALTH

LEAD INSPECTION REPORT FORM

This lead inspection report form must be completed and sent to the property owner, local director of health and the commissioner of the Department of Public Health in accordance with Section 19a-111-3(d) of the regulations of Connecticut State Agencies concerning Lead Poisoning Prevention and Control.

PROPERTY INSPECTED

Street Address: 43-45 Colonial Avenue Apt# 151 Floor: 1
City/Town: Hartford, CT Zip Code: Telephone:
If Apartment, Number of Units: 2 Year Property Built: 1920

PROPERTY OWNER

Name: Property is being sold - Contact Bill Delaney Hartford
Street Address: Housing Authority
State: Zip Code: Telephone: 860-723-8579

INSPECTING ENTITY

A. If Consultant Contractor:

Name: EnviroScience Consultants, Inc.
Street Address: 795 North Mountain Road
City: Newington State: CT Zip Code: 06111
Consultant License Number: 000100
Inspector's Name: Godfrey Nkojo Telephone: 860-953-2700
Inspector's Certification Number: 002150

B. If Code Enforcement Agency:

Department Name:
Street Address:
Town/City Department: Telephone:
Inspector's Name: Telephone:
Date of Inspector's Initial Training: Date of Latest Refresher Training:



Phone: (860) 509-7299, Fax: (860) 509-7295
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 51LED
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer



EnviroScience Consultants inc

LEAD INSPECTION COVER SHEET

Inspector's Information

Inspector's Name: GODFREY K. NKATO License Number: 002150
 XRF Model: LPA-1 RMD Serial Number: 1395
 Date of Inspection: 2-8-04 Project Number: 03-609-10

Property Information

Building Address: 43-45 COLONIAL ST.
HARTFORD CT Age of Property: 75+ yrs
 Describe Structure: 3 STORY BRICK STRUCTURE WITH BASEMENT
WOOD DOOR & WINDOW SYSTEMS

Are there lead hazards present? Yes No
 Were lead dust wipes taken? Yes No
 Were soil samples collected? Yes No

Single Family Dwelling

Is there an EBL child present? Yes No
 Is there a child under six years of age in the dwelling? Yes No

Multiple Family Building

Number of units in building: _____
 Number of units tested: 1
 Is there an EBL child present in building? Yes No
 If EBL child, which unit(s)? 1
 Is there a child under six years of age in the building? Yes No
 If child under six, which unit(s)? 1

XRF Calibration Check

Calibration Paint Film Used: NIST 1.02 mg/cm² Manufacturer's Standard 1.0 mg/cm²
 Calibration Check Limits Used: RMD (0.7 to 1.3 mg/cm² inclusive)
 PGT (0.5 to 2.3 mg/cm² inclusive)
 Scitec MAP4 (0.6 to 1.2 mg/cm² inclusive)

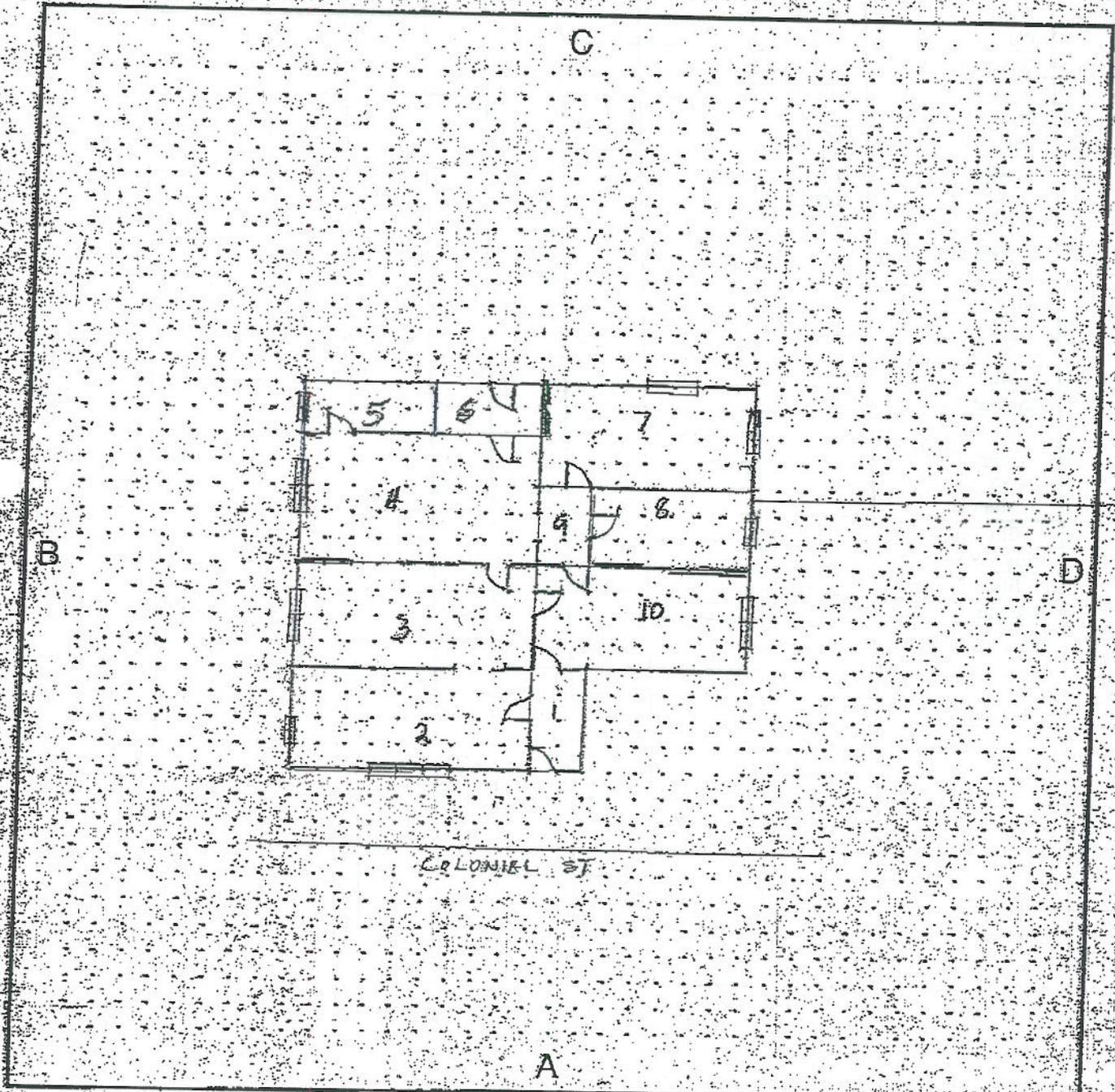
	Hour	First Reading	Second Reading	Third Reading	Average
First Check	<u>11:00</u>	<u>1.2</u>	<u>1.1</u>	<u>0.8</u>	<u>1.0</u>
Second Check	<u>1:00</u>	<u>1.0</u>	<u>1.3</u>	<u>1.1</u>	<u>1.1</u>
Third Check					
Fourth Check					



EnviroScience Consultants inc

Environmental Engineering ♦ Industrial Hygiene ♦ Laboratory Services

Job No: 03-609.10 Date: 2-8-04
 Address: 43-45 COLONIAL ST HARTFORD CT
 Apartment / Building: APT. # 1
 Diagram of: APT # 1 INTERIOR LAYOUT
 Floor: 1
 No. of Doors: 16 No. of Windows: 14



ROOM NUMBER DOOR WINDOW PAGE ____ OF ____

Address: 43-45 COLONIAL ST. HARTFORD CT

Apt.: #1

Floor: 1 Room: (2) LIVING ROOM

Page 2 of 10

Side	Surface	X.R.F. Readings	Defective	Substrate		CLC	Result		Paint Chip	
				Type	SEL		POS	NEG	Sample #	Result
	Floor	0.3		W						
	Baseboards	0.3		↓						
A	Wall	0.0		P						
B	Wall	0.0		↓						
C	Wall	0.1		↓						
D	Wall	0.2		↓						
	Chairrail									
	Ceiling			TILE						
	Crown Molding									
	Door									
	Casing									
	Jamb									
D	Door	0.2		W						
	Casing	0.2		↓						
	Jamb	0.0		↓						
	Window Trim									
	Sill									
	Sash									
	Well									
	Cabinet Base									
	Door Exterior									
	Door Interior									
	Walls									
	Shelves									
	Shelf Supports									
	Closet Shelf									
	Shelf Supports									
	Radiator									
	Wall Molding									

Substrate Type: Metal = M Wood = W Plaster = P Sheetrock = S Concrete = C Brick = B

Notes:

EnviroScience Consultants Inc

Address: 43-45 COLONIAL ST. HARTFORD CT

Apt.: #1

Floor: 1 Room (3) DINING Rm.

Page 3 of 10

Side	Surface	X.R.F. Readings	Defective	Substrate		CLC	Result		Paint Chip	
				Type	SEL		POS	NEG	Sample #	Result
	Floor	0.3		W						
	Baseboards	0.4		W						
A	Wall	0.0		P						
B	Wall	0.2								
C	Wall	0.2								
D	Wall	0.2								
	Chairrail									
	Ceiling			TILE						
	Crown Molding									
	Door									
	Casing									
	Jamb									
	Door	0.3		W						
	Casing	0.2								
	Jamb	0.0								
B	Window Trim	0.4								
	Sill	0.4								
	Sash	0.2								
	Well	0.9								
	Cabinet Base									
	Door Exterior									
	Door Interior									
	Walls									
	Shelves									
	Shelf Supports									
	Closet Shelf									
	Shelf Supports									
	Radiator									
	Wall Molding									

Substrate Type: Metal = M, Wood = W, Plaster = P, Sheetrock = S, Concrete = C, Brick = B

Notes: 2 B windows
C+D DOORS A - OPENING

EnviroScience Consultants inc

Address: 43-45 COLONIAL ST. HARTFORD CT.

Apt.: #1

Floor: _____ Room (4) Kitchen # 1

Page 4 of 10

Side	Surface	X.R.F. Readings	Defective	Substrate		CLC	Result		Paint Chip	
				Type	SEL		POS	NEG	Sample #	Result
	Floor	7.15								
	Baseboards	0.3		W						
A	Wall	0.6/52	✓	P			✓			
B	Wall	0.5/13		I			✓			
C	Wall	0.7/17	✓	I			✓			
D	Wall	0.2/15		↓			✓			
	Chairrail									
	Ceiling	0.3		P						
	Crown Molding									
	Door									
	Casing									
	Jamb									
C	Door	0.4		W						
	Casing	0.4								
	Jamb	0.2								
	Window Trim	0.5								
	Sill	0.3								
	Sash	0.3								
	Wall	9.9	✓	↓			✓			
	Cabinet Base									
	Door Exterior									
	Door Interior									
	Walls									
	Shelves									
	Shelf Supports									
	Closet Shelf									
	Shelf Supports									
	Radiator									
	Wall Molding									

Substrate Type: Metal = M Wood = W Plaster = P Sheetrock = S Concrete = C Brick = B

Notes:

J. B. Window

A C D DOORS + closet - C - window

EnviroScience Consultants Inc

Address: 43-45 COLONIAL ST. HARTFORD CT

Apt.: #1

Floor: 1 Room: (3) PANTRY

Page 5 of 10

Side	Surface	X.R.F. Readings	Defective	Substrate		CLC	Result		Paint Chip	
				Type	SEL		POS	NEG	Sample #	Result
	Floor			W						
	Baseboards									
A	Wall	6.1		P			✓			
B	Wall	7.5					✓			
C	Wall	9.9					✓			
D	Wall	7.2					✓			
	Chairrail									
	Ceiling									
	Crown Molding									
	Door	0.2		W						
	Casing	0.2								
	Jamb	0.1								
	Door									
	Casing									
	Jamb									
B	Window Trim	0.4		W						
	Sill	0.2								
	Sash	0.2								
	Well	9.9	✓				✓			
	Cabinet Base									
	Door Exterior									
	Door Interior									
	Walls									
	Shelves									
	Shelf Supports									
	Closet Shelf									
	Shelf Supports									
	Radiator									
	Wall Molding									

Substrate Type: Metal = M Wood = W Plaster = P Sheetrock = S Concrete = C Brick = B

Notes:

EnviroScience Consultants Inc.

Address: 43-45 COLONIAL SQ. HARTFORD CT.

Apt.: # 11

Floor: 1 Room: (7) CHLD'S RM.

Page 7 of 10

Side	Surface	X.R.F. Readings	Defective	Substrate		CLC	Result		Paint Chip	
				Type	SEL		POS	NEG	Sample #	Result
	Floor	0.1		W						
	Baseboards	3.1	✓	↓			✓			
A	Wall	0.2	Wallpaper	P						
B	Wall	0.3		↓						
C	Wall	0.0		↓						
D	Wall	0.2		↓						
	Chairrail									
	Ceiling									
	Crown Molding	1.8	✓	W			✓			
	Door									
	Casing									
	Jamb									
A	Door									
	Casing	3.7	✓	W			✓			
	Jamb	2.6					✓			
	Window Trim	5.2					✓			
	Sill	3.7	✓				✓			
	Sash	2.9					✓			
	Well	9.9		↓			✓			
	Cabinet Base									
	Door Exterior									
	Door Interior									
	Walls									
	Shelves									
	Shelf Supports									
	Closet Shelf									
	Shelf Supports									
	Radiator	0.3		M						
	Wall Molding									
	Closet									
	Door Casing	3.7		W			✓			
	Jamb	0.3		↓						

Substrate Type: Metal = M Wood = W Plaster = P Sheetrock = S Concrete = C Brick = B

Notes:

C + D Windows
A Door

EnviroScience Consultants inc

Address: 43-45 COLVARD ST. HARTFORD CT.

Apt.: #1

Floor: _____

Room: (8) BATH

Page 8 of 10

Side	Surface	X.R.F. Readings	Defective	Substrate		CLC	Result		Paint Chip	
				Type	SEL		POS	NEG	Sample #	Result
	Floor			TILE						
	Baseboards			↓						
A	Wall	0.2		P/T						
B	Wall	0.4		↓						
C	Wall	0.2		↓						
D	Wall	9.6		↓			✓			
	Chairrail									
	Ceiling	0.0		P						
	Crown Molding									
	Door									
	Casing									
	Jamb									
	Door	0.1		W						
	Casing	3.8	✓				✓			
	Jamb	4.1	✓							
	Window Trim	4.1	✓							
	Sill	3.5	✓							
	Sash	3.7	✓							
	Well	9.9		↓						
	Cabinet Base									
	Door Exterior									
	Door Interior									
	Walls									
	Shelves									
	Shelf Supports									
	Closet Shelf	0.3		W						
	Shelf Supports	0.2		↓						
	Radiator									
	Wall Molding									
	Closet Casings	3.7		W			✓			
	Jamb	0.3		↓						

Substrate Type: Metal = M Wood = W Plaster = P Sheetrock = S Concrete = C Brick = B

Notes:

D - WINDOW
B - DOOR

P/T = PLASTER/TILE

EnviroScience Consultants Inc.

Address: 43-45 COLONIAL ST. HARTFORD CT.

Apt.: #1

Floor: 1 Room: (9) HALLWAY (BATH)

Page 9 of 10

Side	Surface	X.R.F. Readings	Defective	Substrate		CLC	Result		Paint Chip	
				Type	SEL		POS	NEG	Sample #	Result
	Floor	0.3		W						
	Baseboards	2.3		↓			✓			
A	Wall	0.2		P						
B	Wall	0.2		↓						
C	Wall	0.0								
D	Wall	0.3		↓						
	Chairrail									
	Ceiling	0.0		P						
	Crown Molding									
	Door									
	Casing									
	Jamb									
	Door	0.3		W						
	Casing	3.3		↓			✓			
	Jamb	1.7		↓			✓			
	Window Trim									
	Sill									
	Sash									
	Well									
	Cabinet Base									
	Door Exterior									
	Door Interior									
	Walls									
	Shelves									
	Shelf Supports									
	Closet Shelf									
	Shelf Supports									
	Radiator									
	Wall Molding									

Substrate Type: Metal = M Wood = W Plaster = P Sheetrock = S Concrete = C Brick = B

Notes: A, D DOOR, B DOORWAY

Address: 43-45 COLONIAL ST. HARTFORD CT.

Apt.: # 1

Floor: 1 Room: 10 MASTER BED.

Page 10 of 10

Side	Surface	X.R.F. Readings	Defective	Substrate		CLC	Result		Paint Chip	
				Type	SEL		POS	NEG	Sample #	Result
	Floor	0.3		W						
	Baseboards	2.1		↓						
A	Wall	0.2		P			✓			
B	Wall	0.2		↓						
C	Wall	0.1		↓						
D	Wall	0.0		↓						
	Chairrail									
	Ceiling	0.3		P						
	Crown Molding									
	Door									
	Casing									
	Jamb									
B	Door	0.3		W						
	Casing	4.5	✓	↓				✓		
	Jamb	0.3		↓						
	Window Trim									
	Sill									
	Sash									
	Well									
	Cabinet Base									
	Door Exterior									
	Door Interior									
	Walls									
	Shelves									
	Shelf Supports									
	Closet Shelf									
	Shelf Supports									
	Radiator									
	Wall Molding									

Substrate Type: Metal = M Wood = W Plaster = P Sheetrock = S Concrete = C Brick = B

Notes:

2 D Windows

A B C Doors

EnviroScience Consultants inc

Address: 43-45 COLONIAL ST. HARTFORD, CT

Apt. _____

Floor: 1 Room: _____

Page of

EXTERIOR OF SIDE C - BACK PORCH

Side	Surface	X.R.F. Readings	Defective	Substrate		CLC	Result		Paint Chip	
				Type	SEL		POS	NEG	Sample #	Result
	Foundation			B						
	Skirt Board									
	Corner Boards									
	Siding			B						
	Upper-Trim									
C	Door									
	Casing	9.9	✓	W			✓			
	Jamb	7.8	✓	W			✓			
	Threshold									
	Kick Board									
	Storm Door									
C	Window Sill									
	Trim	9.9		✓			✓			
	Sash									
	Blind Stops									
	Storm Window									
	Basement Sash									
	Frame									
	Bulkhead									
	Downspouts	2.8	✓	M			✓			
	Vent									
	Pipe									
	Porch Floor	0.3	✓	W						
	Ceiling Joist	9.9	✓	W			✓			
	Lower Trim									
	Lower Railing	9.9		W			✓			
	Balusters	9.9								
	Railing Cap	9.9	✓	W			✓			
	Upper Trim									
	Ceiling	1.0	✓	W			✓			
	Lattice									
	Lattice Frame									
	Support Columns	9.9	✓	W			✓			
	Column Bases									
	Brackets									
	Hand Rails									
	Treads	9.9	✓	W			✓			
	Risers	9.9		W						
	Stringers									
	STAIR WELLS	9.9		W						
	FENCE	1.0	✓	W			✓			
	Storage SHED	9.9	✓	W			✓			

Substrate Type: Metal = M Wood = W Plaster = P Sheetrock = S Concrete = C Brick = B

Notes: _____

YOU ARE THEREFORE, HEREBY ORDERED PURSUANT TO SECTION 19A-111 OF THE CONNECTICUT GENERAL STATUTES AND SECTIONS 19a-111-2(e), 19a-111-3(f), AND 19a-111-4(c) OF THE REGULATIONS TO:

Adequately abate by proper preparation, containment, abatement, clean-up, and waste disposal. ALL DEFECTIVE PAINT, PLASTER OR OTHER MATERIAL CONTAINING TOXIC LEVELS OF LEAD on both the interior and exterior surfaces and soil of said property as more specifically described in the attached document.

Adequately abate by proper preparation, containment, clean-up, and waste disposal ALL INTACT LEAD-based chewable surfaces and all lead-BASED MOVABLE PARTS OF WINDOWS AND SURFACES THAT RUB AGAINST MOVABLE PARTS OF WINDOWS as more specifically described in the attached document.

Eliminate LEAD DUST HAZARDS that were found to be a source or a potential source of elevated blood lead in a child using appropriate cleaning methods.

Address the LEVEL OF LEAD IN DRINKING WATER that was determined to be a source or potential source of elevated blood lead in a child utilizing appropriate remedial action that has been approved by me.

Adequately manage ALL INTACT SURFACES CONTAINING TOXIC LEVELS OF LEAD THAT WILL REMAIN AND NOT BE ABATED AT THIS TIME as more specifically described in the attached document.

These surfaces may be abated as opposed to managed in place at your discretion, but must then be addressed within the lead abatement plan - see below).

FURTHER, IT IS HEREBY ORDERED, that:

You are to submit a written lead abatement plan to me within fifteen (15) days of this order pursuant to Sections 19a-111-4 and 19a-111-5 of the regulations.

You are to prepare a written lead management plan addressing intact lead-based surfaces that will remain and not be abated at this time. This management plan will be prepared within 60 days of the date that inspection results were received pursuant to Section 19a-111-2(e) of the regulations. This plan shall be transferred with ownership upon transfer of title.

Sincerely,


Carlos Rivera, MPH, MBA, LCSW
Director of Health and Human Services

AUTHORITY: Connecticut General Statutes Sections 19a-111 et seq. and 19a-206 et seq.;
Regulations of Connecticut State Agencies Section 19a-111-1 et seq.

PENALTY: Connecticut General Statutes Sections 19a-206(b)(2) and (e) and 19a-230.

The federal Residential Lead-Based Paint Hazard Reduction Act, 42 U.S.C. 4852d, requires sellers and landlords of most residential housing built before 1978 to disclose all available records and reports concerning lead-based paint and/or lead-based paint hazards, including the test results contained or referenced in this notice, to purchasers and tenants at the time of sale or lease or upon lease renewal. This disclosure must occur even if hazard reduction or abatement has been completed. Failure to disclose these test results is a violation of the U.S. Department of Housing and Urban Development and the U.S. Environmental Protection Agency regulations at 24 CFR Part 35 and 40 CFR Part 745 and can result in a fine of up to \$11,000 per violation. To find out more information about your obligations under federal lead-based paint requirements, call 1-800-424-LEAD.

