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MAY 14 2012

**REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY**

*Archie W. Skidmore
Spiros Vasilatos, Jr.
Brian K. Skidmore
Eric E. Skidmore*

May 10, 2012

Jeffery Trevino, Office of Regional Counsel
(C-14J)
U.S. EPA
77 West Jackson Boulevard
Chicago IL 60604

La Dawn Whitehead, Regional Hearing Clerk
U.S. EPA, Region V., MC-E19J
Office of Enforcement and Compliance Assurance
77 West Jackson Blvd.
Chicago, IL 60604-3590

**Re: US EPA Complaint
Cindy Draher, Docket No. TSCA-05-2012-0001
Supplemental Documentation to the Draher Pre-Hearing Exchange**

Dear Ms. Whitehead and Mr. Trevino:

Please find enclosed Respondent/Defendant's supplemental documentation to the Respondent's Prehearing Exchange that was forwarded to you on April 27, 2012 via Federal Express delivery in the above-captioned matter.

The enclosed supplemental material consists of the lead paint reports on the properties owned by the Respondent.

I received the lead paint reports today, which indicate the following:

1. Exhibit L: No lead was found in the following locations:

- 523 Edgewood, Akron, Ohio
- 847 - 5th Avenue, Akron, Ohio
- 1296 S. Hawkins, Akron, Ohio
- 1298 S. Hawkins, Akron, Ohio
- 180 Kenwood, Akron, Ohio
- 182 Kenwood, Akron, Ohio
- 200 Kenwood, Akron, Ohio
- 202 Kenwood, Akron, Ohio

2. Exhibit M: Lead was found in the following locations:

- 904 Aberdeen, Akron, Ohio
- 206 Denver, Akron, Ohio
- 1027 Diagonal Road, Akron, Ohio
- 1001 Dover Avenue, Akron, Ohio
- 1294 S. Hawkins, Akron, Ohio
- 4 Manila, Akron, Ohio
- 161 Portage Path, Akron, Ohio
- 378 E. Thornton, Akron, Ohio

I have not solved the pending foreclosure as to the premises at 1633/1635 Garman Road #2, Akron, Ohio 44313.

I would like to continue the same arrangement even though some of the properties seem to have been eliminated.

The crucial matter here is cash flow and the process of liquidation of assets to finance the proposed settlement.

If we could acquire a consent order, which would eliminate the market pressure because of the pending EPA Complaint, I believe the market as to real estate has improved and we could finally close this Complaint.

In respect to the properties that are in the process of foreclosure, the Summit County Treasurer does not have the power or the authority under the present rules; however, the court time could permit a further delay until I can solve the cash flow and sale of assets and the reorganization program.

Very truly yours,

SKIDMORE & ASSOCIATES



Archie W. Skidmore

AWS:dlb
Enclosures

EXHIBIT "L"

**PROPERTIES DETERMINED TO HAVE
NO DETECTION OF LEAD**

5/9/2012



LeadCheck® Test Kit Documentation Form

Owner Information

Name of Owner/Occupant: Cindy Draher
 Address: 99 W. College St
 City: Akron State: OH Zip Code: 44304 Contact #: (330) 762-6731
 Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 523 Edgewood Unit # _____
 City: Akron State: OH Zip Code: 44304
 Certified Firm Name: _____
 Address: 1841 Sheffield Dr.
 City: Akron State: OH Zip Code: 44370 Contact #: (330) 819-6979
 Email: _____
 Certified Renovator Name: Curtis Hollingsworth Date Certified: 4/12/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: / /
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____

Test Kit #2 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: / /
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____

Test Kit #3 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: / /
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____

LeadCheck® is more than a product - we are a resource. Our call center is staffed with RRP certified advisors Monday-Friday 9am-5pm. If you have questions or concerns regarding EPA's RRP Rule, we have the answers. Call 1-800-267-1EPA and stay informed. Also, see our newsletter or read our blog at www.leadcheck.com





LeadCheck® Test Kit Documentation Form

Page ____ of ____

Renovation Address: 523 Edgewood Ave. Unit # _____
City: AKRON State: _____ Zip Code: _____

Test Location # 1 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: KITCHEN WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 2 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: WINDOW SILL IN SMALL ROOM OFF KITCHEN
(BLACK PAINT)
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 3 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: 2ND FLOOR BATHROOM WINDOW SILLS
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 4 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: 3RD BEDROOM WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed



Owner Information

Name of Owner/Occupant: C&D Properties
Address: 99 N. College St
City: Akron State: OH Zip Code: 44304 Contact #: (330) 762-0731
Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 847 5th Ave Unit #: _____
City: Akron State: OH Zip Code: 44306
Certified Firm Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Contact #: (____) _____
Email: _____
Certified Renovator Name: Curtis Hoffingsworth Date Certified: 4/12/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #2 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #3 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____



LeadCheck® Test Kit Documentation Form

Page _____ of _____

Renovation Address: 847 5th AVE Unit # _____
City: AKRON State: OH Zip Code: 44306

Test Location # 1 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: OUTSIDE WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 2 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: FRONT DOORWAY
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 3 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: KITCHEN WINDOW OVER SINK
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 4 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: BATHROOM WINDOW SILL 2nd FLOOR
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed



Owner Information

Name of Owner/Occupant: CJD PROPERTIES
 Address: 99 N. CALNESE ST.
 City: AKRON State: OH Zip Code: 44304 Contact #: (330) 462-0931
 Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 1246 S. HAWKINS Unit # 1
 City: AKRON State: OH Zip Code: 44320
 Certified Firm Name: _____
 Address: 1841 SHEPHERD DR.
 City: AKRON State: OH Zip Code: 44320 Contact #: (330) 819-6979
 Email: CurtisD@99@gmail.com
 Certified Renovator Name: Curtis Hollingsworth Sr. Date Certified: 4/1/2011

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: / /
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____

Test Kit #2 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: / /
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____

Test Kit #3 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: / /
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____



LeadCheck® Test Kit Documentation Form

Page 2 of 2

Renovation Address: 1296 S. HAWKINS Unit # 1
City: AKRON State: OH Zip Code: 44320

Test Location # 1 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: L.R. Windowsill
Result: Is lead present? (Circle only one) YES **NO** Presumed

Test Location # 2 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: B.R. Window sill (Bathroom)
Result: Is lead present? (Circle only one) YES **NO** Presumed

Test Location # 3 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: Kitchen window sill
Result: Is lead present? (Circle only one) YES **NO** Presumed

Test Location # 4 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: BASEMENT STEPS
Result: Is lead present? (Circle only one) YES **NO** Presumed

Test Location # Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location:
Result: Is lead present? (Circle only one) YES **NO** Presumed

Test Location # Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location:
Result: Is lead present? (Circle only one) YES **NO** Presumed

Test Location # Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location:
Result: Is lead present? (Circle only one) YES **NO** Presumed



LeadCheck® Test Kit Documentation Form

Owner Information

Name of Owner/Occupant: LOD Properties
 Address: 49 N. College St.
 City: AKRON State: OH Zip Code: 44304 Contact #: (330) 762-0731
 Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 1298 S. HAWKINS Unit # 2
 City: AKRON State: OH Zip Code: 44320
 Certified Firm Name: _____
 Address: 1841 SHEPHERD DR.
 City: AKRON State: OH Zip Code: 44320 Contact #: (330) 819-6979
 Email: Curtissr22@gmail.com
 Certified Renovator Name: Murtis Hollingsworth, SR Date Certified: 4/12/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1
 Manufacturer: Hybrivet Systems (Job Start Date) _____
 Model: LeadCheck® Swabs Manufacturer Date: / /
 Expiration Date: N/A Serial #: _____
 (Lot #) _____

Test Kit #2
 Manufacturer: Hybrivet Systems (Job Start Date) _____
 Model: LeadCheck® Swabs Manufacturer Date: / /
 Expiration Date: N/A Serial #: _____
 (Lot #) _____

Test Kit #3
 Manufacturer: Hybrivet Systems (Job Start Date) _____
 Model: LeadCheck® Swabs Manufacturer Date: / /
 Expiration Date: N/A Serial #: _____
 (Lot #) _____

LeadCheck is more than a product - we are a resource. Our call center is staffed with RRP certified advisors Monday-Friday 8am - 6pm. If you have questions or concerns regarding EPA's RRP Rule, we have the answers. Call 1-800-262-1FAD and stay informed. Also, sign up for our newsletter or read our blog at www.leadcheck.com



Renovation Address: 1298 S. HAWKINS Unit # 2
City: AKRON State: OH Zip Code: 44320

Test Location # 1 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: KITCHEN WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 2 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: BATHROOM WALL BY TUB
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 3 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: BASEMENT STEPS
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location:
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location:
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location:
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location:
Result: Is lead present? (Circle only one) YES NO Presumed

LeadCheck® is more than a product - we are a resource. Our call center is staffed with RRP certified advisors Monday-Friday 8am - 6pm. If you have questions or concerns regarding EPA's RRP Rule, we have the answers. Call 1-800-262-LEAD and stay informed. Also, sign up for our newsletter or read our blog at www.leadcheck.com



Owner Information

Name of Owner/Occupant: CEI Properties
Address: 99 N. Colfax St.
City: Akron State: OH Zip Code: 44304 Contact #: (330) 712-073
Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 180 Kenwood Unit # 1
City: Akron State: OH Zip Code: _____
Certified Firm Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Contact #: (330) 819-6979
Email: _____
Certified Renovator Name: Curtis Hollingsworth Date Certified: 4/12/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #2 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #3 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____



LeadCheck® Test Kit Documentation Form

Page _____ of _____

Renovation Address: <u>180 KENWOOD</u>	Unit # <u>1</u>
City: <u>AKRON</u>	State: <u>OH</u> Zip Code: _____

Test Location # <u>1</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>KITCHEN WINDOW SILL</u>			
Result: Is lead present? (Circle only one)	YES	<u>NO</u>	Presumed

Test Location # <u>2</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>BATHROOM WINDOW SILL</u>			
Result: Is lead present? (Circle only one)	YES	<u>NO</u>	Presumed

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one)	YES	NO	Presumed

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one)	YES	NO	Presumed

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one)	YES	NO	Presumed

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one)	YES	NO	Presumed

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one)	YES	NO	Presumed



LeadCheck® Test Kit Documentation Form

Owner Information

Name of Owner/Occupant: C & D Properties
Address: 99 N. College St
City: Akron State: OH Zip Code: 44304 Contact #: (330) 762-0731
Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 182 Kenwood Unit # _____
City: AKRON State: OH Zip Code: _____

Certified Firm Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Contact #: (____) _____
Email: _____

Certified Renovator Name: Curtis Hallingsworth Date Certified: 4/12/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components.

Test Kit # 1 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #2 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #3 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____



LeadCheck® Test Kit Documentation Form

Page ___ of ___

Renovation Address: 182 Kenwood Unit # _____
City: Akron State: OH Zip Code: _____

Test Location # 1 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: Kitchen window sill
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 2 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: Bathroom window sill
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed



Owner Information

Name of Owner/Occupant: C&D Properties
Address: 99 N. College St
City: Acron State: OH Zip Code: 44304 Contact #: (330) 762-513
Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 200 Kenwood Unit # _____
City: AKRON State: OH Zip Code: _____
Certified Firm Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Contact #: (____) _____
Email: _____
Certified Renovator Name: Curtis Hollingsworth Date Certified: 4/12/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #2 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #3 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____



LeadCheck® Test Kit Documentation Form

Page _____ of _____

Renovation Address: 200 KENWOOD Unit # _____
City: AKRON State: OH Zip Code: _____

Test Location # 1 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: KITCHEN WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 2 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: BATHROOM WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed



LeadCheck® Test Kit Documentation Form

Owner Information

Name of Owner/Occupant: C & D Properties
Address: 99 W. College St
City: Akron State: OH Zip Code: 44304 Contact #: (330) 762-0734
Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 202 Kenwood Unit #: _____
City: Akron State: OH Zip Code: _____

Certified Firm Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Contact #: (____) _____
Email: _____

Certified Renovator Name: Curtis Hollingsworth Date Certified: 4/12/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #)

Test Kit #2 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #)

Test Kit #3 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #)



LeadCheck® Test Kit Documentation Form

Page _____ of _____

Renovation Address: 802 Kenwood Unit # _____
City: Akron State: OH Zip Code: _____

Test Location # 1 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: Kitchen window sill
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 2 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: Bathroom window sill
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

EXHIBIT "M"

**PROPERTIES DETERMINED TO HAVE
DETECTED LEAD**

5/9/2012



LeadCheck® Test Kit Documentation Form

Owner Information

Name of Owner/Occupant: C&D Properties
 Address: 99 N. College St
 City: Akron State: OH Zip Code: 44304 Contact #: (330) 762-0731
 Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 904 ABERDEEN Unit # _____
 City: AKRON State: OH Zip Code: 44310
 Certified Firm Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Contact #: (330) 819-6979
 Email: _____
 Certified Renovator Name: CURTIS HOLLINGSWORTH Date Certified: 4/12/12

Test Kit Information

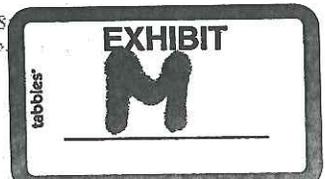
Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____

Test Kit #2 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____

Test Kit #3 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____

LeadCheck® is more than a product - we are a resource. Our call center is staffed with RRP certified advisors Monday-Friday. If you have questions or concerns regarding EPA's RRP Rule, we have the answers. Call 1-800-262-1FAD and stay informed. Also, see our newsletter or read our blog at www.leadcheck.com





Renovation Address: <u>904 ABERDEEN</u>	Unit # _____
City: <u>AKRON</u>	State: <u>OH</u> Zip Code: <u>44310</u>

Test Location # <u>1</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>KITCHEN WINDOW SILL</u>			
Result: Is lead present? (Circle only one) <u>YES</u> NO Presumed			

Test Location # <u>2</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>2ND FLOOR BATHROOM WINDOW SILL</u>			
Result: Is lead present? (Circle only one) <u>YES</u> NO Presumed			

Test Location # <u>3</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>PORCH RAILINGS</u>			
Result: Is lead present? (Circle only one) <u>YES</u> NO Presumed			

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one) YES NO Presumed			

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one) YES NO Presumed			

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one) YES NO Presumed			

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one) YES NO Presumed			



Owner Information

Name of Owner/Occupant: C+D PROPERTIES
Address: 99 N. COLLEGE
City: AKRON State: OH Zip Code: 44304 Contact #: (330) 762-6731
Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 206 DENVER Unit # _____
City: AKRON State: OH Zip Code: 44305

Certified Firm Name: _____
Address: 1841 SHEFFIELD DR
City: AKRON State: OH Zip Code: 44304 Contact #: (330) 819-6979
Email: _____

Certified Renovator Name: CURTIS HOLLINGSWORTH Date Certified: 4/12/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #)

Test Kit #2 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #)

Test Kit #3 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #)



Renovation Address: 206 DENVER Unit # _____
City: AKRON State: OH Zip Code: 44305

Test Location # 1 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: KITCHEN WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 2 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: BATHROOM WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 3 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: 3RD BEDROOM WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 4 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: OUTSIDE WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed



LeadCheck® Test Kit Documentation Form

Owner Information

Name of Owner/Occupant: C&D Properties
 Address: 99 W. College St
 City: Akron State: OH Zip Code: 44304 Contact #: (330) 762-0731
 Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 1027 Diagonal Rd. Unit #: _____
 City: _____ State: _____ Zip Code: _____

Certified Firm Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Contact #: (330) 819-6999
 Email: _____

Certified Renovator Name: Curtis Hollingsworth Date Certified: 8/1/21/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____

Test Kit #2 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____

Test Kit #3 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____



Renovation Address: 1027 DIAGONAL Rd Unit # _____
City: AKRON State: _____ Zip Code: _____

Test Location # 1 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: FRONT ENTRANCE DOOR
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 2 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: KITCHEN WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 3 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: 2nd FLOOR BATHROOM WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 4 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: OUTSIDE WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

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LeadCheck® Test Kit Documentation Form

Owner Information

Name of Owner/Occupant: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Contact #: (____) _____
Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 1001 DOVER AVE. Unit # _____
City: AKRON State: OH Zip Code: 44320
Certified Firm Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Contact #: (330) 819-6979
Email: _____
Certified Renovator Name: CURTIS HOLLINGSWORTH Date Certified: 4/12/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #2 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #3 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____



Renovation Address: 1001 DOWER AVE. Unit # _____
City: AKRON State: OH Zip Code: 44320

Test Location # 1 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: OUTSIDE WINDOW NEXT TO SIDE DOOR
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 2 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: KITCHEN WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 3 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: BATHROOM WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed



Owner Information

Name of Owner/Occupant: Cindy Diener
 Address: 99 N Colfax St
 City: Akron State: OH Zip Code: 44304 Contact #: (330) 762-6731
 Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 1294 S. Hawkins Unit # _____
 City: Akron State: OH Zip Code: 44320
 Certified Firm Name: Curtis Hollingsworth
 Address: 1841 Sheffield Dr
 City: Akron State: OH Zip Code: 44304 Contact #: (330) 819-6979
 Email: _____
 Certified Renovator Name: Curtis Hollingsworth Date Certified: 4/1/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: / /
 Model: LeadCheck® Swabs Serial #:
 Expiration Date: N/A (Lot #)

Test Kit #2 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: / /
 Model: LeadCheck® Swabs Serial #:
 Expiration Date: N/A (Lot #)

Test Kit #3 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: / /
 Model: LeadCheck® Swabs Serial #:
 Expiration Date: N/A (Lot #)



Renovation Address: <u>1294 HAWKINS</u>	Unit # _____
City: <u>ALBION</u>	State: <u>OH</u> Zip Code: <u>44320</u>

Test Location # <u>1</u> Test Kits Used: (Circle Only One) <input checked="" type="radio"/> Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: <u>BATHROOM</u>		
Result: Is lead present? (Circle only one)	YES	<input checked="" type="radio"/> NO Presumed
Test Location # <u>2</u> Test Kits Used: (Circle Only One) <input checked="" type="radio"/> Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: <u>KITCHEN WINDOW SILL</u>		
Result: Is lead present? (Circle only one)	<input checked="" type="radio"/> YES	NO Presumed
Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____		
Result: Is lead present? (Circle only one)	YES	NO Presumed
Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____		
Result: Is lead present? (Circle only one)	YES	NO Presumed
Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____		
Result: Is lead present? (Circle only one)	YES	NO Presumed
Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____		
Result: Is lead present? (Circle only one)	YES	NO Presumed



LeadCheck® Test Kit Documentation Form

Owner Information

Name of Owner/Occupant: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Contact #: (____) _____
 Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 4 MANILA Unit # _____
 City: AKRON State: OH Zip Code: 44
 Certified Firm Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Contact #: (____) _____
 Email: _____
 Certified Renovator Name: Curtis Hollingsworth Date Certified: 4/12/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____

Test Kit #2 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____

Test Kit #3 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #) _____

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LeadCheck® Test Kit Documentation Form

Page ___ of ___

Renovation Address: <u>4 MANILA</u>	Unit # _____
City: <u>ABOON</u>	State: <u>OH</u> Zip Code: _____

Test Location # <u>1</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>1st Kitchen window sill</u>			
Result: Is lead present? (Circle only one) YES <u>NO</u> Presumed			
Test Location # <u>2</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>2nd Kitchen window sill</u>			
Result: Is lead present? (Circle only one) YES <u>NO</u> Presumed			
Test Location # <u>3</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>2nd Floor Bathroom</u>			
Result: Is lead present? (Circle only one) <u>YES</u> NO Presumed			
Test Location # <u>4</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>Outside window (Front Porch)</u>			
Result: Is lead present? (Circle only one) <u>YES</u> NO Presumed			
Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one) YES NO Presumed			
Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one) YES NO Presumed			
Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one) YES NO Presumed			



Owner Information

Name of Owner/Occupant: Cindy Draher
Address: 99 N College St
City: AKRON State: OH Zip Code: 44304 Contact #: (330) 762-6731
Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 161 S. Portage Path Unit # _____
City: AKRON State: OH Zip Code: 44302

Certified Firm Name: _____
Address: 1841 Sheffield Dr.
City: AKRON State: OH Zip Code: 44320 Contact #: (330) 819-6979
Email: _____

Certified Renovator Name: Curtis Hollingsworth Date Certified: 4/12/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #2 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #3 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

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Renovation Address: <u>161 S. PORTAGE PATH</u>	Unit # _____
City: <u>AKRON</u>	State: <u>OH</u> Zip Code: _____

Test Location # <u>1</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>KITCHEN WINDOW SILL</u>			
Result: Is lead present? (Circle only one)	YES	<u>NO</u>	Presumed

Test Location # <u>2</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>2ND FLOOR BATH ROOM</u>			
Result: Is lead present? (Circle only one)	<u>YES</u>	NO	Presumed

Test Location # <u>3</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>OUTSIDE WINDOW (PORCH)</u>			
Result: Is lead present? (Circle only one)	<u>YES</u>	NO	Presumed

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one)	YES	NO	Presumed

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one)	YES	NO	Presumed

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one)	YES	NO	Presumed

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one)	YES	NO	Presumed



Owner Information

Name of Owner/Occupant: C&D Properties
 Address: 99 N. College St
 City: Alton State: OH Zip Code: 44304 Contact #: (330) 762-0731
 Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 207 Rhodes Ave. Unit #: _____
 City: _____ State: _____ Zip Code: _____

Certified Firm Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Contact #: (330) 819-6979
 Email: _____

Certified Renovator Name: Curtis Hollingsworth Date Certified: 4/12/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #)

Test Kit #2 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #)

Test Kit #3 (Job Start Date)
 Manufacturer: Hybrivet Systems Manufacturer Date: ____/____/____
 Model: LeadCheck® Swabs Serial #: _____
 Expiration Date: N/A (Lot #)



LeadCheck® Test Kit Documentation Form

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Renovation Address: <u>207 Rhodes Ave</u>	Unit # _____
City: <u>AKRON</u> State: <u>OH</u> Zip Code: _____	

Test Location # <u>1</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>KITCHEN WINDOW SILL</u>			
Result: Is lead present? (Circle only one) YES <u>NO</u> Presumed			

Test Location # <u>2</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>2nd FLOOR BATHROOM WINDOW SILL</u>			
Result: Is lead present? (Circle only one) YES <u>NO</u> Presumed			

Test Location # <u>3</u>	Test Kits Used: (Circle Only One) <u>Test Kit #1</u>	Test Kit #2	Test Kit #3
Description of Test Location: <u>OUTSIDE WINDOW SILL (PORCH)</u>			
Result: Is lead present? (Circle only one) <u>YES</u> NO Presumed			

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one) YES NO Presumed			

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one) YES NO Presumed			

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one) YES NO Presumed			

Test Location # _____	Test Kits Used: (Circle Only One) Test Kit #1	Test Kit #2	Test Kit #3
Description of Test Location: _____			
Result: Is lead present? (Circle only one) YES NO Presumed			



Owner Information

Name of Owner/Occupant: Cindy Draher
Address: 99 N College St
City: Akron State: OH Zip Code: 44304 Contact #: ~~330 819 4979~~
330 762-0731
Email: _____

Renovation Information

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator

Renovation Address: 378 E. Thornton Unit # _____
City: AKRON State: OH Zip Code: 44311

Certified Firm Name: _____
Address: 1841 Sheffield Dr
City: Akron State: OH Zip Code: 44304 Contact #: (330) 819-4979
Email: _____
Certified Renovator Name: Curtis Hollingsworth Date Certified: 4/12/12

Test Kit Information

Use the following blanks to identify the test kit or test kits used in testing components

Test Kit # 1 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: / /
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #2 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: / /
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____

Test Kit #3 (Job Start Date)
Manufacturer: Hybrivet Systems Manufacturer Date: / /
Model: LeadCheck® Swabs Serial #: _____
Expiration Date: N/A (Lot #) _____



Renovation Address: 378 E. THORNTON Unit # _____
City: AKRON State: OH Zip Code: _____

Test Location # 1 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: KITCHEN WINDOW SILL
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 2 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: BATHROOM
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 3 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: MASTER BEDROOM WINDOW SILL OUTSIDE
(GREEN PAINT)
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # 4 Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: FRONT DOOR FRAME
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed

Test Location # _____ Test Kits Used: (Circle Only One) Test Kit #1 Test Kit #2 Test Kit #3
Description of Test Location: _____
Result: Is lead present? (Circle only one) YES NO Presumed