

In the Matter of John Laughter
Docket Number TSCA-01-2010-007

Exhibit 6
Certification of Lead-Safe Status (interior only)—92 Benefit Street

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
D E P A R T M E N T O F H E A L T H



Safe and Healthy Lives in Safe and Healthy Communities

30 March, 2001

JOHN D. LAUGHTER
17 GANO AVENUE
JOHNSTON RI 02919

To: JOHN D. LAUGHTER

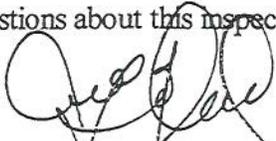
NOTICE OF INTERIOR LEAD-SAFE STATUS, PENDING EXTERIOR LEAD HAZARDS

Your property at 92 Benefit Street, 2nd, Woonsocket RI, was reinspected on 03/27/2001 to determine the status of the interior and exterior lead paint hazards cited in an inspection report dated 12/01/1999. I am pleased to inform you that all previously identified interior lead hazards were found to be in a Lead-Safe condition. The enclosed Certification of Lead-Safe Status documents that these interior hazards were corrected at the time of the inspection and no longer constitute violations of the Lead Poisoning Prevention Act (RIGL 23-24.6), the Rules and Regulations for Lead Poisoning Prevention (R23-24.6-PB), or the Housing Maintenance and Occupancy Code (RIGL 45-24.3). Although no additional action is required at this time regarding the items identified as Lead-Safe, it is your responsibility to ensure that these items remain in a Lead-Safe condition.

However, I am sorry to inform you that this reinspection has also determined that one or more of the previously identified exterior lead hazards have not been fully abated. These exterior lead hazards still represent violations of the Lead Poisoning Prevention Act (RIGL 23-24.6), the Rules and Regulations for Lead Poisoning Prevention (R23-24.6-PB), or the Housing Maintenance and Occupancy Code (RIGL 45-24.3). The remaining exterior lead hazards must be completely abated on a schedule as ordered by the courts.

It is your responsibility to ensure that current and future tenants are notified of the results of these inspections. If you decide to sell this property, you are also required to notify prospective purchasers of the results of these inspections. Please review the disclosure information that was included with the original inspection report. This information describes your responsibilities in more detail.

Please call Christine Brackett at (401) 222-7794 if you have any questions about this inspection.


Alfred J. Cabral
Supervising Industrial Hygienist
Office of Occupational Health
Environmental Lead Program

RHODE ISLAND DEPARTMENT OF HEALTH
ENVIRONMENTAL LEAD PROGRAM

CERTIFICATION OF LEAD-SAFE STATUS

1. DWELLING OR PREMISES CERTIFIED AS LEAD-SAFE: Interior Only () Exterior Only () Both

Street: 92 Benefit
2nd floor

Floor(s)/Apartment(s)/Portion(s) Included: no front walk
rear hall abated

City/Town: Woonsocket ZIP: 02895

2. OWNER OF DWELLING OR PREMISES:

Name: John Laughter

Telephone No.: 267-6699

Street: 17 Gang Avenue

City/Town: Johnston State: R.I.

ZIP: 02919

3. CERTIFICATION OF LEAD HAZARD REDUCTION PERFORMANCE:
[Only Required for Clearance Inspections Following Lead Hazard Reduction Activity]

RI Licensed Lead Hazard Reduction Contractor [Specify Below]

RI License No.: LHR-

Owner of Dwelling or Premises

I certify that I conducted the lead hazard reduction activity at the dwelling or premises specified in Item 1 above in accordance with the RI Rules and Regulations for Lead Poisoning Prevention, [R23-24.6-PB].

Start Date: 1/5/2001

Completion Date: 3/14/2001

[Signature]
(Signature)

[Name]
(Type or Print Name of Certifying Official)

Date: 3/13/2001

[Title]
(Title of Certifying Official)

4. BASIS FOR CERTIFICATION OF LEAD-SAFE STATUS:

- Annual Reinspection
- Clearance Inspection *[Item 3 must also be completed]*
- Comprehensive Environmental Lead Inspection

5. CERTIFICATION OF LEAD-SAFE STATUS:

The dwelling or premises identified in Item 1 above is certified as Lead-Safe as of the Certification Date specified below. Lead-Safe status is contingent upon routine maintenance of the property. This Certification of Lead-Safe Status shall expire no later than one year from the Certification Date specified below.

I certify that I have conducted the inspection specified in Item 4 above in accordance with the Rhode Island Rules and Regulations for Lead Poisoning Prevention, and have determined that the dwelling or premises identified in Item 1 above is Lead-Safe, as defined by these regulations.

Christine Brackett
(Signature)

CHRISTINE BRACKETT
(Type or Print Name Person Conducting Inspection)

Certification Date: 3-27-01

RI Certification No.: ELI-0040

If the inspection specified above was conducted by an Environmental Lead Inspector Technician, this Certification must also be reviewed and countersigned below by a Rhode Island Certified Environmental Lead Inspector.

[Signature]
(Signature)

[Name]
(Type or Print Name of Environmental Lead Inspector)

Date: _____

RI Certification No.: ELI-