



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

CHECKLIST FOR PROPERTY OWNERS

Property Owner: _____

Property Address: _____

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY.

Missing or incomplete information will only result in application acceptance delays.

Please Note – Unless other arrangements are made, property owners are required to provide a minimum 10% match and may be required to provide additional funds if project costs exceed the maximum grant award. Grant amounts are, generally, \$12,000/per unit for properties whether they are under a State order of lead abatement, or not. Application acceptance is **NOT** a guarantee of funding. Owner funds spent prior to application acceptance will not be reimbursed or count toward the minimum 10% owner match.

Completed by property owners:

- _____ Application form
- _____ Ownership verification; one of the following:
 - _____ Tax bill (required)
 - _____ Deed (optional)
- _____ Copy of current mortgage statement (if applicable; or proof of mortgage lien removal)
- _____ Age of building verification
- _____ **Tax card**, Tax Map/Lot Number (from tax bill), Flood Zone Map (is home located in _____ National Flood Zone Insurance Plan) (**Documents can be found at local Town Hall**)
- _____ Authority to enter into contract (only for partnerships/corporations)
- _____ Current payment verifications provide **all** of the following:
 - _____ Copy of current property taxes
 - _____ Copy of current water or sewer bill (if applicable)
 - _____ Copy of current property insurance
- _____ Initial here to indicate that you are aware that owner's match is due at contract signing

Completed by tenants in each unit:

- _____ Household Information form
- _____ Income Verification form (**one for each household member over the age of 18**)
- _____ All required documents to verify income
- _____ Blood Lead Level Test Consent form for child/ren under six (6) years of age
- _____ Certification for Child Occupied Unit
- _____ Blood lead level test results for all children under six (6) years of age
- _____ Relocation Contract



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

APPLICATION FORM

Applicant is: Individual
 Partnership – Federal I.D. No.: _____
 Corporation – Federal I.D. No.: _____

Date of Application: _____

Owner Name: _____

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ Phone (cell): _____

Email: _____

If partnership, supply names and percentage of ownership:

Name: _____ % _____

Name: _____ % _____

Name: _____ % _____

If corporation, list officers: _____

Property to be assisted:

Property Address: _____

City: _____ State: NH Zip Code: _____

Total number of units: _____ Year constructed: _____ Assessed value: _____

Is this your primary residence? _____

Are all tax, water, and sewer obligations current? _____

Is the mortgage current? _____

Is the Property facing imminent foreclosure? _____

Is the Property owner facing imminent bankruptcy? _____

* Property type: Owner-occupied only Owner-occupied with rental units
 Non-owner occupied rental property

* Is this property completely vacant? Yes No

* If yes, how long has it been completely vacant? _____ Utilities work? Yes No

* Has this property been assisted with Federal Funds in the past? Yes No

* Has the NH Healthy Homes and Lead Poisoning Prevention Program notified you that a child residing in your building has an elevated blood lead level? Yes No

* Are any of your units under an Abatement Order? Yes No
(If yes, please attach documentation on the Abatement Order.)

* Has any type of lead hazard evaluation been carried out on this property? Yes No

* Have any lead hazard reduction activities been carried out on this property? Yes No

* Have any other departments of a local, state or federal entity placed any orders on the property regarding its physical condition? Yes No

* If yes, please list the department and the reason for the order and whether or not the order has been complied with and/or lifted.

Please summarize any known or suspected lead paint hazards. Indicate any testing here, and attach a copy of lead testing results to this application: (use back of page if necessary)

Please describe the current condition of the property, listing any major condition issues or repairs that are required at the property



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

BLOOD LEAD LEVEL TEST CONSENT FORM (Owner Occupied Units Only)

Name: _____

Address: _____

For your home to be considered for our program, children under age six residing in your home must have had their blood tested for lead within the past six months. There is no cost for the blood test, which consists of the collection of a drop of blood from a pinprick on a finger. This signed form along with test results (if applicable) must be submitted before lead hazard reduction work can begin. If no children, please indicate that, and sign form.

PLEASE COMPLETE ONE OF THE FOLLOWING:

> My child/ren 6 years of age or under has/have been tested for lead poisoning within the past 6 months. If yes, please supply a copy of the test results for the file: [] Yes [] No

> I would like to have my child/ren 6 years of age or under tested for lead poisoning. If yes, make an appointment with your local Health Department, and send in a copy of the test results for the file: [] Yes [] No

> [] My child/ren 6 years of age or under has/have been tested for lead poisoning and I DO NOT WISH to disclose the test results. (If you check this box, you must obtain a signed letter from the Health Department stating that your child/ren under 6 years of age were tested, the date of the test(s), and that the results are confidential. This letter must be submitted with this form, before lead hazard reduction work can begin.)

> [] I am aware that the above property may contain lead based paint hazards and I DO NOT WISH to have my child/ren 6 years of age or under tested for lead poisoning.

Parent / Legal Guardian's Signature _____

Date _____

The following children, 6 years of age or under, spend a significant amount of time in my home:

Table with 6 columns: Name, Age, D.O.B, Relationship, Child tested for lead poisoning?, Primary residence? and 4 rows of blank lines for entry.

(A significant amount of time is defined as a child who spends 2 days per week, 6 hours per week, or 60 hours per year in this residence.)

I certify that the above information is accurate as of the signing date of this document.

Resident Signature _____

Date _____



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

INCOME VERIFICATION (Owner Occupied Units Only)

Each resident over the age of eighteen (18) is required to fill in the information listed below;
copy this form for each person as needed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ Phone (cell): _____

Email: _____

Employed: Full-time Part-time Self-Employed: _____

Employer's Name: _____

Employer's Address: _____

Gross Pay: \$ _____ Weekly Bi-weekly Monthly

(Provide two months of employment income verification – pay stubs; or you may provide IRS 1040 long form or a W-2 form.)

Please indicate any additional sources of monthly income:

Pension: \$ _____

Income from Assets*: \$ _____

Social Security: \$ _____

Child Support: \$ _____

Alimony: \$ _____

TANF: \$ _____

Worker's Comp: \$ _____

Other: \$ _____

Total Yearly Income: \$ _____

* **Assets** include bank account interest, real estate, stocks, bonds, CD's, revocable trusts, money market accounts, retirement accounts (if applicable). Documentation is required for any assets.

“I certify that the statements made and information supplied are true and complete to the best of my knowledge. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud. I authorize the agents of the Sullivan County, NH Lead Hazard Control Program to verify the information supplied on this form.”

Resident Signature

Date



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

CERTIFICATION FOR CHILD OCCUPIED UNIT (Owner Occupied Units Only)

Property Address: _____

I understand that one of the requirements for my receiving a Lead Hazard Control Grant from the Sullivan County, NH Lead Hazard Control Program is that a child under the age of 6 lives in or frequently visits my property, according to the department of Housing and Urban Development definition (Title X, 40 CFR Part 745). HUD defines “frequently visits” as: a child, who is under 6 years of age, who visits at least twice a week, each visit is at least 3 hours, with an annual combination of all visits of at least 60 hours. Please indicate below under which category each child under the age of 6 for your unit qualifies. If it is a visiting child only, please provide the name and phone number of the child’s parent. # _____

Child’s Name	Lives In	Visits	Age
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

I certify that the above-named child/children lives in; or, visit(s) my property at least 3 hours a day for two different days, combined weekly visits is at least 6 hours, and the combined annual visits last at least 60 hours.

Tenant’s Signature: _____

Tenant Print Name: _____

Unit #: _____



DEMOGRAPHIC INFORMATION

INFORMATION FOR GOVERNMENT CENSUS PURPOSES

The following information is requested by the Federal Government to monitor compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that an agency may neither discriminate based on this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this agency is required to note race and sex based on visual observation or surname. If you do not wish to furnish the above information, please check the box below.

I do not wish to furnish this information

Race/National Origin:

American Indian, Alaskan Native Asian, Pacific Islander
 Black Hispanic White
 Other (specify) _____

Sex: Female Male

Female Head of Household: Yes No

Applicant Signature

Date



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

PROPERTY 3-YEAR COMPLIANCE REQUIREMENTS

Owner Name(s): _____

Property Address: _____

City: _____ State: NH Zip Code: _____

By participating in the Sullivan County, NH Lead Hazard Control Program, I understand that the following property requirements will apply for each assisted unit for a period of three (3) years:

- If any unit is vacant at time of application, the owner must provide the income information of the tenant that moves into that unit after completion of the project within one month of his/her move-in. If the owner fails to provide this information, the Program reserves the right to place a lien on the property.
- Rental properties shall rent to tenants that meet income eligibility requirements, as determined by HUD. If a unit becomes vacant, priority will be given to low-income households with a child under six (6) years of age.
- Rents on assisted units cannot be raised more than 3% during compliance period.
- Owner occupied units must remain the primary residence of the qualifying owner.
- Property owners shall annually provide rental compliance and income verification documents.
- Property owners shall maintain the repairs performed through the Sullivan County, NH Lead Hazard Program in a manner that is acceptable to the County Project Director. The unit shall also be made available for inspection upon request.

Applicant Signature

Date

Applicant Signature

Date



**SULLIVAN COUNTY, NH
HUD 2021 AREA INCOME LIMITS**

Household Size (Persons)								
Income Limit	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
100% of AMFI	\$54,250	\$62,000	\$69,750	\$77,500	\$83,700	\$89,900	\$96,100	\$102,300
90% of AMFI	\$48,825	\$55,800	\$62,775	\$69,750	\$75,330	\$80,910	\$86,490	\$92,070
80% of AMFI	\$43,400	\$49,600	\$55,800	\$62,000	\$66,960	\$71,920	\$76,880	\$81,840
60% of AMFI	\$32,550	\$37,200	\$41,850	\$46,500	\$50,220	\$53,940	\$57,660	\$61,380
50% of AMFI	\$27,125	\$31,000	\$34,875	\$38,750	\$41,850	\$44,950	\$48,050	\$51,150



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

RELOCATION CONTRACT

Relocation During Lead Work:

During the time that the contractors are working inside your home, your family and the tenants may have to temporarily move out. **The average time is ten (10) days. Only one unit at a time will have to move.** The exact time depends on the size of the unit and/or how much work must be done. **No one can go in and out of the unit during this time.** You cannot move back in until you have been notified that the work is done, and it is safe. To make sure your unit is safe, samples for lead dust will be taken throughout your home. A laboratory will test these wipe samples. Relocation may be required by State and Federal regulations so that no member of your family or tenants will be exposed to hazardous lead dust during renovation. **Residents can stay with family or friends or can use the “safe house” provided by the program, if available.** Although the Lead Hazard Control Program will work with owners and tenants toward the least disruptive outcomes regarding relocation, in the end, the property owner is both logistically and financially responsible for tenant relocation, if the location options provided by the program are not feasible.

Preparing Your Unit for Lead Work:

You are responsible for packing and storing your belongings to protect them from lead dust. You are also responsible to make sure your tenants prepare their units. Detailed instructions are included in the application package.

Non-Liability of Personal Injury/Damage:

I will hold the Sullivan County, NH Lead Hazard Control and Healthy Homes Program and its officials, employees, and K Kirkwood Consulting and American Environmental Testing Services, harmless against any claims for injury or damage of any kind to persons or property occurring or arising during this program. Nothing herein shall be deemed to release any contractors, subcontractors, owner, or landlord from such liability.

By signing this application, you: Attest that the information contained herein is true and complete to the best of your knowledge and belief; Agree to the terms of the program relocation policy; acknowledge that you have been given the lead safe pamphlet, “Protect Your Family from Lead in Your Home”; as well as the renovation pamphlet “Renovate Right” and that submission of this application does not guarantee you will receive assistance.

Applicant Signature

Date

Applicant Signature

Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

CERTIFICATION OF LEAD PAINT NOTIFICATION

Please sign this certification after you have read and fully understand the “Protect Your Family from Lead In Your Home”, and the “Renovate Right” pamphlets.



I/We, _____ (homeowner(s)) residing at:

_____ (Address) _____ (City) _____ (State) _____ (Zip)

have read and understand the “Protect Your Family From Lead in Your Home” (pamphlet) and the “Renovate Right” (pamphlet).

Applicant Signature

Applicant Signature

Applicant (print)

Applicant (print)

Date

Date



**SULLIVAN COUNTY, NH LEAD HAZARD CONTROL
& HEALTHY HOMES PROGRAM**

MEDIA CONSENT FORM

I/We hereby grant full permission to Sullivan County, NH Lead Hazard Control Program to photograph all or parts of my/our property, interior and exterior, as well as prepare, use, reproduce, publish, distribute, and exhibit my name, picture, portrait, likeness, any or all of them in connection with still or video photography in the production of any manner for educational, publication, informational and any other professional purpose deemed necessary, and

I/We hereby waive all rights of privacy or compensation which I may have in connection with the use of my name, picture, portrait, still photography, video or any or all of them, in or in connection with still or video photography and any to which the same or any material therein may be put, applied or adapted by Sullivan County, NH Lead Hazard Control and Healthy Homes Program

Applicant Signature

Applicant Signature

Applicant (print)

Applicant (print)

Date

Date

I would prefer to ‘Opt Out’ of media related events or distribution involving my property



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

GRIEVANCE POLICY

1.0 Policy Statement & General Principles

The Sullivan County Lead Hazard Control & Healthy Homes Program recognizes that grievances may arise in the normal course of lead abatement and are fully committed to ensuring that any such issues that arise can be discussed openly and dealt with satisfactorily and promptly. This policy provides a mechanism for you to raise a grievance relating to your property.

All owners are encouraged to raise issues informally in the normal course of abatement work with the Contractor/Program Manager/Lead Inspector. When a problem or issue arises that cannot be dealt at this level, the formal grievance procedure may be invoked.

All grievances will be dealt with in a diplomatic manner and no owner will be penalized for raising a grievance in good faith.

Sullivan County Project Director, and County Manager will endeavor to ensure that grievances are normally heard within **5** working days of being received and that decisions are communicated within **5** working days of being heard.

All meetings and outcomes will be documented, and a copy given to you. A copy will be placed on your project file.

2.0 Grievance Procedure

As stated above, you are always encouraged to bring matters to the attention of your Contractor/Program Manager/Lead Inspector at the earliest possible stage informally. This should be done as issues arise and is normally the most effective way to resolve matters speedily.

If you are not happy with the response received through the informal stage or you wish to raise a grievance formally in the first instance, you should raise the issue in writing with the Sullivan County, Lead Hazard Control Program Manager. This should clearly set out the nature of the grievance and make it clear that the formal grievance procedure is being invoked. If the grievance concerns your Program Manager and you do not wish to discuss it with them directly, you may raise it with the Sullivan County, NH Project Director who is the County Manager.

A meeting will be arranged with you to discuss the grievance. If necessary, more than one meeting will be held. A decision on the grievance will be confirmed in writing within 5 working days of the grievance meeting being held.

If you are not happy with the outcome after stage 1 of the process, you may appeal the decision in writing to Sullivan County, NH Grievance Committee. The decision at this stage will be final.



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

WHAT TO EXPECT AND WHAT NOT TO EXPECT

Things that property owners do in the Sullivan County Lead Hazard Control Program:

The Sullivan County Lead Hazard Control and Healthy Homes Program will help property owners during the lead hazard reduction process. However, property owners are responsible for making the choices and doing the work listed below:

1. If you qualify for the program, you will be required to sign an agreement stating the newly 'lead-safe' units will be marketed to low-income households for three (3) years following the clearance date and preference will be given to families with children under six (6) years of age.
2. Properties that have a child with an elevated blood lead level or a child under the age of six (6) may be assisted before a property with none.
3. Property owners, with the program, help inspect the unit and point out problems.
4. Property owners may be required to pay a minimum of 10% "property owner's match" at the start of the project.
5. Property owners, *not* the program, sign a lead hazard reduction contract with the contractor.
6. Property owners, *not* the contractor, ensure all resident belongings are appropriately packed and/or removed from the unit before the start of work. ** see how to prepare your unit (attached)
7. Property owners arrange for relocation of tenants while work is being done on their apartment. If they do not have friends or family to stay with, and you do not have a lead safe unit for them to use, the program will assist you by placing them in a lead safe apartment or hotel for approximately two weeks. (see relocation guidelines)
8. Inspection/Satisfaction reports must be signed by the Property owner.
9. Property owners, along with the Program Manager, inspect and approve work performed by their contractor.
10. Property owners work with the contractor to settle disagreements during the job.
11. Property owners call / write their contractor to ask them to correct problems covered by contractor warranties during the first year after the job has been completed.

Things property owners should think about before enrolling in the LHC Program:

1. Not all the work that property owners want done can always be done. Although we can address Housing Code issues, we cannot "remodel" or make cosmetic improvements. Some improvements that address occupant health and safety may be included in this program.
2. All units will be made lead-*safe* at the completion of work.
3. The Program *cannot* guarantee that the property owner will be satisfied with the work done by their contractor. It is the responsibility of the property owners to stay in contact with the Program Manager and staff to ensure that the project is completed in a professional manner.

Applicant Signature

Date

Questions? Please call 603-781-4304 Kate Kirkwood Kate@kkirkwood.com



How Do I Prepare My Apartment/Home to Address Lead Hazards?

PLEASE FOLLOW THESE STEPS TO PREPARE YOUR UNIT BEFORE THE CONTRACTOR ARRIVES

Please remove and take with you all valuables and/or hazardous items.

(Examples: Jewelry, Cash, Firearms, etc.)

ALL PERSONAL ITEMS and MOVABLE OBJECTS must be PACKED and STORED or removed. **Depending on the work to be done**, an entire room may need to be cleared of all items; but sometimes you will only need to move packed items to the center of the room. After the Scope of Work is written, you will be informed which method will be required. Examples of belongings that will need to be moved/removed from a room: food, dishes, pots, pans, curtains, draperies, window blinds, window shades, wall hangings, area rugs, toys, and clothing. Owner is responsible for providing a secure place for storage of personal items and to work with tenants to fulfill these obligations.

If there is a room(s) that is not being addressed, you will be notified if you can store items in that room.

ALL breakable items, such as ‘knick-knacks’ and glassware, should be removed from cabinets or shelves and packed to avoid breakage or other damage.

ALL furniture with the packed items must be moved to the center of the room or removed. For example, move the bed the center of the room. Clothing and other items from your closet can be stacked on the bed. ALL furniture and packed items must be removed from rooms where floors will be addressed.

Your belongings should be sealed with plastic and duct tape to prevent contamination.

PLEASE COMPACT YOUR BELONGINGS AS MUCH AS POSSIBLE. Lead abatement contractors need to have enough room to do their work.

ALL FOOD SHOULD BE REMOVED FROM CABINETS and THE REFRIGERATOR AND REMOVED FROM THE UNIT.

PETS CANNOT STAY IN THE UNIT. This includes aquariums, fishbowls, hamsters, etc.

If gas appliances need to be shut off, it must be done by you (or the owner). If contractor must do this, they will not be responsible for any damages or problems that may be incurred.

Please sign below to indicate you have received these instructions and the lead safe pamphlet, “Protect Your Family from Lead in Your Home.”

Tenant Signature

Date

Applicant Signature

Date



What To Expect For Your Lead Paint Inspection

Lead Paint Inspection

A Lead Inspection tests representative surfaces every painted/coated component in the residence. Examples of components include doors and door trim, walls, baseboards, cabinets (inside and out), closets, and window components and trim.

Components that cannot be tested are assumed to be positive for lead and may be considered a hazard. Components that cannot be visually assessed are assumed to be a hazard.

It is therefore of the utmost importance that the inspector can access **all** areas of the residence.

Windows must be able to be opened for the testing of tracks and exterior sills, closets should be clear enough that the inspector can test and visually assess closet baseboards, shelves and shelf supports, ceilings, etc. Owner must ensure that tenants provide access to all areas in the unit.

The Property Owner must provide someone to accompany lead inspector(s) while the interior of an occupied unit is being inspected. This person should be prepared to move belongings that block items required to be tested.

Components that cannot be accessed for testing or visual assessment will be assumed to be lead paint hazards and may prevent compliance letters from being issued until the components can be tested and assessed.

If return visits are necessary due to access issues, they may be billed as an additional cost to the inspection, or the owner will have to pay for the abatement of these surfaces.

Risk Assessments

Dust wipes are to be taken as part of a Risk Assessment. The inspector will need to take a minimum of one floor sample and one windowsill and one window well (if a window exists) sample per room/area. A minimum of one window per room/area must be able to be opened, and the sill cleared of belongings prior to the Risk Assessment. It is important that the area be cleared but **not cleaned** to provide an accurate assessment of present conditions.

Soil samples are to be taken as part of a Risk Assessment if there is any bare soil present on the property (within 100 feet of the house)

Lead Report and Scope of Work

Following the inspection/risk assessment, the inspector will issue a written report summarizing and detailing the findings. The report will list what surfaces are lead based paint and lead hazards, and this information must be disclosed to tenants by federal regulation. These hazards will need to be addressed by performing abatement. Abatement actions include replacement of components, covering or enclosure, removal of paint coatings, and encapsulation. These actions remove the lead hazard (not always the lead paint) and are intended to last at least 20 years. Once the owner receives the Lead Report, Program Staff and the property owner will discuss the options for abatement and develop a plan to address lead hazards. This will be the basis for the Scope of Work. In some cases, the Work Scope must be sent to the NH Division of Historical Resources for a historical review and approval.

Lead Abatement Project

NH Licensed Lead Abatement Contractors will be sent the Scope of Work and be invited to a Pre-Bid Contractor walk-through of the property. This will be scheduled with the property owner who must be present, or have representative present to answer questions. Contractors will then have a week to submit their bids for the project. The property owner has the final decision on hiring the Abatement Contractor and signs the contract with the Contractor. Typically, work is completed on the interior first, and then the exterior. If the property is under order, the property owner must request a waiver from the State to reoccupy the dwelling before exterior work is completed. While each project is different, in most cases the following is necessary to perform lead abatement:

Interior Work

1. Empty closets.
2. Furniture and belongings placed in the center of the room (if floor is a lead hazard, room must be emptied)
3. If kitchen cabinets are lead hazards, they must be emptied.
4. If there are rooms with no lead hazards, they may be used for storage.
5. Temporarily relocate Tenant; typically for two weeks or less.

Interior and Exterior Common Area Work

1. For multi-family property with interior common areas,
 - a. If only one normal means of egress, all tenants impacted by work must be out of the unit for the entire workday.
 - i. Contractor preps, does work, cleans up each day
 - b. If there are two normal means of egress, work can be done in one egress while tenants use 2nd egress during the day.
 - i. Contractor preps, does work, cleans up each day so that both egresses are accessible each night
2. For exterior work, the tenants must be out of the work area

In all cases, the Abatement Contractor will prepare the work area by covering floors and belongings with plastic sheeting, perform the abatement of hazards, and clean the work area.

Clearance Inspections

Following the completion of lead abatement work the inspector will perform clearance inspections to verify the work is completed, that no hazards remain, and that the work area is clean. These clearance inspections include both a visual inspection as well as dust wipe samples to ensure lead dust does not remain in the work area. Dust samples are collected and sent to a laboratory for analysis. Once the Inspector gets passing results, they will contact the Abatement Contractor and Property Owner to state the tenant can return to the dwelling unit. Tenants cannot return until the inspector obtains passing results. If the property is under State order for abatement, the State must approve the re-occupancy as well as the inspector and the Sullivan County Program before tenants can return.

Owner Signature

Date

Owner Signature

Date