

NOTICE OF LEAD-BASED PAINT PRESUMPTION

In compliance with Section 25.125 of the Department of Housing and Urban Development's (HUD) regulation 24 CFR 35, on _____ (date), _____ (locality or subrecipient) elected to presume that all painted surfaces are coated with lead-based paint. The nature and scope of the presumptions made is outlined below:

☐ The home was constructed prior to 1978.

(If additional space is needed, attach pages to this form.)

(Printed name of recipient or
common place where notice shall be posted)

(Delivery date or date of posting and time)

(Address of property)

(Printed name of person delivering or posting this notice)

(Signature of recipient, if delivered)

(Signature of person delivering or posting this notice)

- ☐ Resident refused to accept and sign this notification.
- ☐ Resident was unavailable for signature; therefore, the notice was placed:
- ☐ Under the unit door;
- ☐ In the occupant's mailbox;
- ☐ Other: _____.

For more information about the presumptions made, please contact:

(Name of contact person)

(Telephone number)

(Address of contact person)

LEAD HAZARD CONTROL VISUAL CLEARANCE FORM

Date: _____

Name of clearance examiner: _____

License number: _____

Name of property owner: _____

Property address: _____

Date cleanup completed: _____

Time cleanup completed: _____

Interim control contractor name: _____

Address: _____

Telephone number: () _____

Check if repeat clearance examination: ☐

Room Identifier	List of all building components to be treated in each room	Work on each component completed (Yes or No)	Visible paint chips seen? (Yes or No)	Visible settled dust seen (Yes or No)	Additional work required?

Exterior soil

☐ Treated

☐ Not treated

If treated, is bare soil present?

☐ Yes

☐ No

Was contaminated soil removed?

☐ Yes

☐ No

Is additional soil treatment required?

☐ Yes

☐ No

NOTES:

Signature: _____

LEAD HAZARD CONTROL CLEARANCE DUST SAMPLING FORM

(Single Surface Sampling)

Date: _____

Name of clearance examiner: _____

License number: _____

Name of property owner: _____

Property address: _____

Clearance categories:

1. Interior treatments without containment.
2. Interior treatments with containment
3. Exterior work on painted surfaces.
4. Routine maintenance.
5. Soil work.

Sample number	Room number or identifier	Surface types sampled (floor, interior window sill, window trough)	Clearance category number	Dimensions of sample area (inches)	Area (ft ²) (can be completed by lab)	Result of lab analysis (µg/ft ²) (can be completed by lab)	Pass or Fail

Total number of samples on this page: _____ Page _____ of _____

Date of sample collection: ____/____/____ Date shipped to lab: ____/____/____

Shipped by: _____
(Signature)

Received by: _____
(Signature)

LEAD HAZARD CONTROL CLEARANCE SOIL SAMPLING FORM

(Composite Sampling)

Date: _____

Name of clearance examiner: _____

License number (if applicable): _____

Name of property owner: _____

Property address: _____

Clearance categories:

1. Interior treatments without containment.
2. Interior treatments with containment
3. Exterior work on painted surfaces.
4. Routine maintenance.
5. Soil work.

Sample number	Room number or identifiers included in sample	Dimensions of sample area in each room (inches x inches)	Total surface area samples (ft ²)	Surface types sampled (smooth floors, carpeted floor, interior window sills, window troughs)	Clearance category number	Result of lab analysis (µg/ft ²)	Pass or Fail
	_____ _____ _____ _____	____ x ____ ____ x ____ ____ x ____ ____ x ____					
	_____ _____ _____ _____	____ x ____ ____ x ____ ____ x ____ ____ x ____					
	_____ _____ _____ _____	____ x ____ ____ x ____ ____ x ____ ____ x ____					
	_____ _____ _____ _____	____ x ____ ____ x ____ ____ x ____ ____ x ____					

Total number of samples on this page: _____ Page _____ of _____

Date of sample collection: ____/____/____ Date shipped to lab: ____/____/____

Shipped by: _____
(Signature)

Received by: _____
(Signature)

LEAD HAZARD CONTROL CLEARANCE SOIL SAMPLING FORM

(Composite Sampling Only)

Date: _____

Name of clearance examiner: _____

License number (if applicable): _____

Name of property owner: _____

Property address: _____

Sample number	Location	Bare or covered	Lab result (µg/g)

Sketch soil sampling plot plan. Collect only the top ½" of soil,
 Total number of samples on this page: _____ Page _____ of _____
 Date of sample collection: ____/____/____ Date shipped to lab: ____/____/____

Shipped by: _____
 (Signature)

Received by: _____
 (Signature)

LEAD HAZARD REDUCTION COMPLETION NOTICE

Summary Notice of Completion of Lead-Based Paint Hazard Reduction Activity

Address/location of property or structure this summary notice applies to:

Summary of the hazard reduction activity:

Start and completion dates(s): _____

Activity locations and types: List at least the housing unit numbers and common areas (for multifamily housing, bare soil locations, dust-lead locations, and/or building components (including type of room or space, and the material underneath the paint), and types of hazard reduction activities performed at the locations listed:

Date(s) of clearance testing and/or soil analyses: _____

Locations of building components with lead-based paint remaining in the rooms, spaces or areas where activities were conducted:

Summary of results of clearance testing and soil analyses:

- (a) ☐ No clearance testing was performed.
(b) ☐ Clearance testing showed clearance was achieved.
(c) ☐ Clearance testing showed clearance was not achieved.

Contact person for more information about the hazard reduction:

Printed name: _____

Organization: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ () _____

Person who prepared this summary notice:

Printed name: _____

Signature: _____

Date: _____

Organization: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ () _____

CONFIRMATION OF RECEIPT OF LEAD PAMPHLET

I have received a copy of the pamphlet, *Renovate Right*, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed name of recipient

Date

Signature of recipient

Self-Certification Option (for tenant-occupied dwellings only)

If the lead pamphlet was delivered by a tenant signature was not obtainable, you may check the appropriate box below.

☐

Refusal to sign – I certify that I have made a good faith effort to deliver the pamphlet, *Renovate Right*, to the rental dwelling unit listed below at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

☐

Unavailable for signature – I certify that I have made a good faith effort to deliver the pamphlet, *Renovate Right*, to the rental dwelling unit listed below that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet by sliding it under the door.

Printed name of person certifying
lead pamphlet delivery

Attempted delivery date and time

Signature of person certifying lead pamphlet delivery

Unit address

Note Regarding Mailing Option – As an alternative to delivery in person, you may mail the lead pamphlet to the owner and/or tenant. Pamphlet must be mailed at least 7 days before renovation (please document with a certificate of mailing from the post office).

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