

1 Arcadia Street Dorchester, MA 02122 Main Office: Toll Free: 800-349-7779 www.asapenvironmental.com

CERTIFICATION OF RESTORED COMPLIANCE

Addenat	im to Letter of Ft	III Compilance	
John Doe			
100 Main St			
Anytown, MA 02122			
Dear John Doe			
This letter is to certify that I visually reinspected your Unit none , and relevant common are deleading compliance on 03 / 01 / 18. On that compliance assessment report done by Christopher in full compliance with Massachusetts General Laws, Control, 105 CMR 460.000.	as, in the City or Tow date, all surfaces docu Maracic, Lice	m of Anytown, MA 02122 mented as being in violation of the Lead Lanse# 2006 on 01 / 25 / 18	w per the post were found to be
Massachusetts law does not require the abatement and and relevant common areas shall remain in compli			
there continues to be no peeling, chipping or flakin			
encapsulants forming an effective barrier over such to correct lead hazards remain reversed and secure paint or detached coverings over such paint, and to cle	e <mark>ly in place.</mark> The law g	rants you a 30-day maintenance period to re	epair deteriorated lead
The second page of this letter indicates the authorized methods used to bring the surfaces back into complian what date each surface was brought into restored comp	ce. A complete reinsp		
The CLPPP authorized serial number for this Certifica This number is tracked and unique to this address and		ance is 43852006030218-100	
This letter shall serve as an attachment to the Letter of on 12 / 28 / 17 or the waiver issued by CLPPI Waiver #			nse# 2006
This property was granted grandfathered com See attached verification letter from CLPPP.	pliance status by CL	PPP on / /	
DO NOT LOSE THESE DOCUMENTS. If the documents that may cost you significant amounts of money. The If you change the street address, unit number or any of Certificate of Restored Compliance, this Certificate of and/or a municipal health office.	is Certificate of Resto her identifying inform	red Compliance is only for the address and a ation pertaining to the residential premises r	unit noted above. referred to in this
Do not alter this document in any way. Altering this may result in significant legal consequences. In addition Certificate of Compliance, the Massachusetts Department criminal prosecution of any person who alters this document.	on to any potential civi ent of Public Health's	l liability which may arise as the result of th Childhood Lead Poisoning Prevention prog	e alteration of this
Sincerely,			
Christopher Maracic	2006	Marylan Hassen	03/02/18
Inspector (print name)	License #	Signature	Date

CORC - rev 06/17

Serial Number: 43852006030218-100

Address: 100 Main St		Unit#: none	City/Town: Anytown, MA 02122	
	<u>M</u>	laintenance and Deleading	g Work	
Maintenance Work, done or	ı (if applicable)	by		
Methods used to maintain:	Scraping Heat Gun Demolition	Making Intact (Exterior) Making Intact (interior) Replacement	Power Sanding Removal Covering	Caustics Liquid Encapsulation Other
Work was done in the follow	ving rooms:			
Work was done on the follow	wing types of components:			
Start Date: /	/ Finish D	ate:/	Cost:\$	***************************************
Deleading Contractor L	icensed Deleader		License#: DC 01234	Exp. Date <u>12 / 01 /18</u>
Deleading Methods:	Scraping Heat Gun Demolition	Making Intact (Exterior) ✓ Making Intact (Interior) Replacement		Caustics Liquid Encapsulation Other
W-1116-31	ving rooms: Hallway, P	antry, & Room 4.		
	wing types of components:	Walls, baseboards, & c	Cost: \$ 1,000.00	
Work was done on the follow	wing types of components: 29 /18 Finish Dat		Cost: \$ 1,000.00 Authoriz	ation # MR- on Date: / /
Work was done on the follow Start Date:	wing types of components: 29 /18 Finish Dat isk Training	te: <u>03 / 01 /18</u>	Cost: \$ 1,000.00 Authoriz Expiratio Authoriz	ation # MR- on Date: / /
Work was done on the follow Start Date:	wing types of components: 29 /18 Finish Dat isk Training owner/agent)	te: <u>03 / 01 /18</u>	Cost: \$ 1,000,00 Authoriz Expiration Authoriz Issuance Cior) Liqu	ation # MR- on Date: / / ation # - OM AM
Work was done on the follow Start Date:	wing types of components: 29 /18 Finish Dat isk Training owner/agent) Replacement Covering Removal	te: 03 / 01 /18 Making Intact (Inter	Cost: \$ 1,000.00 Authoriz Expiration Authoriz Issuance rior) Liquinor	ation # MR- on Date: / / ation # - OM AM e Date: / / id Encapsulation
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Questions? Call the Department of Public Health at 1-800-532-9571. DO NOT LOSE THESE DOCUMENTS