



Main Office: 1 Arcadia Street Dorchester, MA 02122
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LETTER OF LEAD PAINT (RE)OCCUPANCY (RE)INSPECTION CERTIFICATION
THIS NOTICE DOES NOT CONSTITUTE COMPLIANCE

John Doe
100 Main St
Anytown, MA 02122

Dear John Doe

This letter is to serve as notification that a (Re)Occupancy Reinspection was performed at 100 Main St
Unit none in the City/Town of Anytown, MA 02122 by Christopher Maracic,
License# 2006 on 12/ 12 / 17. At that time, all applicable interior dwelling unit surfaces met the conditions for
(re)occupancy set in 105 CMR 460.760(A) of the Regulations for Lead Poisoning Prevention and Control. This notice does not constitute
full deleading or interim control compliance.

This letter does not mean there are no lead hazards inside the dwelling unit.

Prior to the (re)occupancy reinspection, all interior high- and moderate-risk deleading work was completed and no additional such work
will be permitted following the completion of the cleanup required by 105 CMR 460.160(D). No other interior dwelling unit deleading other
than certain low-risk deleading activities, such as encapsulation performed in accordance with 105 CMR 460.175 may occur unless
the conditions of 105 CMR 460.160(A) through (E) are repeated.

This is ONLY notification that the conditions for (re)occupancy have been met. Dust samples were taken and found to be within
acceptable limits. No Letter of Full Compliance or Letter of Interim Control will be issued until all applicable interior and common area
surfaces have been deleaded or brought under interim control in accordance with 105 CMR 460.000 and 454 CMR 22.00.

The second page of this letter indicates the authorized person(s) who performed deleading on the property and a general summary of the
methods used to bring the surfaces into compliance.

The CLPPP authorized serial number for this Letter of Lead Paint Reoccupancy Reinspection Certification is
43852006121317-100. This number is tracked and unique to this address and unit.

DO NOT LOSE THESE DOCUMENTS. If the documents are lost, you will be required to have additional private
inspector services that may cost you significant amounts of money. This Letter of Lead Paint Reoccupancy Reinspection
Certification is only for the address and unit noted above. If you change the street address, unit number or any other
identifying information pertaining to the residential premises referred to in this Letter of Lead Paint Reoccupancy Reinspection
Certification, this Certification Letter may be considered null and void by the Department of Public Health and/or a municipal health office.

Do not alter this document in any way. Altering this document is fraudulent and may endanger the health and safety of a child which may
result in significant legal consequences. In addition to any potential civil liability which may arise as the result of the alteration of this
Letter of Lead Paint Reoccupancy Reinspection Certification, the Massachusetts Department of Public Health's Childhood Lead Poisoning
Prevention program may seek criminal prosecution of any person who alters this document after it is originally issued.

Sincerely,
Christopher Maracic
Inspector (Print Name) License # 2006 Signature Date 12/ 13 / 17

Questions? Call the Department of Public Health at 1-800-532-9571.
DO NOT LOSE THESE DOCUMENTS

Serial Number: 43852006121317-100

Address: 100 Main St

Unit#: none

City/Town: Anytown, MA 02122

Deleading History

Deleading Contractor Licensed Deleader

License#: DC 01234

Exp. Date 12 / 01 / 18

DS

Deleading Methods: Scraping Making Intact (Exterior) Power Sanding Caustics
 Heat Gun Making Intact (Interior) Removal Liquid Encapsulation
 Demolition Replacement Covering
 Other Capped

Work was done in the following rooms: Room 1, 2, 3, 4, Hallway, Pantry, Bathroom.

Work was done on the following types of components: Door edge/jamb, closet door/walls/ceiling/door edge/baseboard/shelf, win sill.

Start Date: 12 / 06 / 17

Finish Date: 12 / 12 / 17

Cost: \$ 1000

RRP w/additional Moderate Risk Training _____

Authorization # MR-

Expiration Date: / /

Authorization # _____ - OM AM

Moderate Risk Deleader (owner/agent) _____

Issuance Date: / /

Deleading Methods: Replacement Making Intact (Interior) Liquid Encapsulation
 Covering Making Intact (Exterior)
 Removal Other _____

Work was done in the following rooms: _____

Work was done on the following types of components: _____

Start Date: / /

Finish Date: / /

Cost: \$ _____

Low Risk Deleader (owner/agent) _____

Authorization # _____

OL AL

Issuance Date: / / OE AE

OB AB

Deleading Methods: Covering Liquid Encapsulation
 Replacement (ONLY doors, cabinet doors, shutters, shelves not affixed, drawers, windows on hinges)

Work was done in the following rooms: _____

Work was done on the following types of components: _____

Start Date: / /

Finish Date: / /

Cost: \$ _____