



SELLER'S LEAD DISCLOSURE
Rhode Island Association of REALTORS®



Disclosure of Information about Lead-Based Paint and Lead-Based Hazards required by Federal and Rhode Island law.

Property Address: 315 River Road
Unit # (if applicable), Town/City Lincoln, State of Rhode Island, Zip code 02865

Federal Lead Warning Statement

Federal Law: 42 U.S.C. 4852(d) "Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning.

Rhode Island State Disclosure Requirements

Rhode Island State Law: 216-RICR-50-15-3 Section 3.8 of the Rules and Regulations of the R.I. Department of Health and Lead Hazard Mitigation Standards requires the Seller of any interest in residential property on which a residential dwelling was built prior to 1978 to disclose to the Buyer any known information on lead-based paint or lead-based hazards in paint, interior dust, soil, or water, or potential lead-based paint or lead-based hazards and their location(s), or potential location(s).

Seller's Disclosure [Seller(s) complete and initial each section below]

(a) Presence of lead in paint, interior dust, soil or water and/or lead-based hazards in paint, interior dust, soil, or water: (check one below)
[X] Seller discloses that the following known lead-based paint and/or lead-based hazards are present in the housing (explain).
Previous owner conducted a lead inspection on both units and obtained a Certificate of Conformance along with corresponding reports received on 5/1/14 (see attached).

(b) Records and reports available to Seller (check all that apply below):
[ ] Seller has no knowledge of lead-based paint and/or lead-based hazards in the housing.
[ ] Seller has provided Buyer, the Listing Licensee and Cooperating Licensee, if any, with a copy of the most current lead certificate dated:
[X] Rhode Island law requires Seller to provide, at no charge, copies of all available reports and certificates to which Seller has access within seven (7) days of a request by Buyer.

Seller has access to the following reports and records relating to lead:
(Seller: List in chronological order all available lead inspection reports and certificates for the property being sold.)
Date of document: Type of lead certificate or report:
5/1/14: RI Housing Resources Commission Lead Hazard Mitigation Certificate of Conformance w/detailed report for (Unit #1)
5/1/14: RI Housing Resources Commission Lead Hazard Mitigation Certificate of Conformance w/detailed report for (Unit #2)


Buyer may obtain copies of all such documents by contacting:

[ ] Seller has no lead certificates, reports or records pertaining to lead-based paint and/or lead-based hazards in the dwelling or dwelling unit and common areas for the property being sold.

**Buyer's Acknowledgment** [Buyer(s) initial each section that applies]

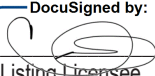
- \_\_\_\_\_ (c) Buyer has received copies of all information listed above.
- \_\_\_\_\_ (d) Buyer has received the pamphlet "Protect Your Family from Lead in Your Home" that includes the R.I. section "What You Should Know About the R.I. Lead Law."
- \_\_\_\_\_ (e) Buyer has (check one below):
  - Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based hazards; or
  - Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based hazards.

**Agent's Acknowledgment** (initial)

-  (f) Agent has informed Seller of Seller's obligations under 42 U.S.C. 4852(d) and 216-RICR-50-15-3 Section 3.8 of the Rules and Regulations of the R.I. Department of Health and Lead Hazard Mitigation Standards, and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

_____	_____	DocuSigned by: <i>Stacy A. Burke</i>	4/16/2018
Buyer	Date	Seller <b>Stacy A. Burke</b>	Date
_____	_____	DocuSigned by: <i>Michael G. Benoit</i>	4/16/2018
Buyer	Date	Seller <b>Michael G. Benoit</b>	Date
_____	_____	Seller	Date
_____	_____	Seller	Date
Buyer	Date	DocuSigned by: 	4/16/2018
_____	_____	Listing Licensee	Date
Cooperating Licensee	Date	<b>Christopher Whitten</b>	

## RHODE ISLAND HOUSING RESOURCES COMMISSION

## LEAD HAZARD MITIGATION

## CERTIFICATE OF CONFORMANCE

Certificate #: **48635****1. DWELLING OR PREMISES CERTIFIED AS MEETING CONFORMANCE:**Street: **315 RIVER ROAD**Total Dwelling Units: **2**Plat/Lot #: **11 / 02**City/Town: **LINCOLN**Zip: **02865**Apartment/Floor/Unit #: **1ST FLOOR****2. OWNER OF DWELLING OR PREMISES:**Name: **LARRY ARABIAN**Telephone Number: **999-9999**Street: **309 RIVER ROAD**City/Town: **LINCOLN**State: **RI**Zip: **02865****3. TENANT INFORMATION:**Name: **ROBERT & DONNA PALLADINI**Children under 6: **No****4. CERTIFICATION OF INDEPENDENT CLEARANCE INSPECTION PERFORMANCE:**Inspection Type: **Independent Clearance Inspection**Inspection Date: **04/21/2014****5. CERTIFICATION OF CONFORMANCE:**

The dwelling or premises in Item 1 above is certified to be in conformance with the Lead Hazard Mitigation Standards as of the Certification Date specified below. Conformance is contingent upon routine maintenance of the property. This Certificate of Conformance (Compliance) shall be valid for two (2) years or until the next turnover of the Dwelling Unit, whichever period is longer, provided that no more than one (1) Independent Clearance Inspection shall be required in any twenty-four (24) month period. This Certification may be extended by receipt of an Affidavit of Completion of Visual Inspection as specified by RIGL 42-128.1-4.5

I certify that I have conducted the inspection specified in Item 4 above in accordance with the Housing Resources Commission Lead hazard Mitigation Regulations, and have determined that the dwelling or premises identified above is in conformance, as defined by these regulations. I certify that I am not the property owner of the property or an employee of the property owner



(Signature) (Type or Print Name of Person Conducting Inspection)

**SHARON BARR**Certification Date: **05/01/2014**RI License No: **ELI-0081**

RHODE ISLAND HOUSING RESOURCES COMMISSION  
MITIGATION CLEARANCE INSPECTION REPORT



TYPE OF INSPECTION

- Presumptive Compliance     Full Independent Clearance Inspection (Interior & Exterior)     Condominium Unit     Interior Only\*

Address Inspected

No./Street: 315 River Road City State: Lincoln, RI Zip Code: 02865

Total Units: 2 Apt/FI/Unit #: 1 Plat/Lot: 11/02 Year Built: 1800

Owner Information

Name: Larry & Susan Arabian No./Street Address 309 River Rd.  
City/State: Lincoln, RI Zip Code 02865  
Home Phone: N/A Work Phone: N/A

Tenant Information

Name: Robert & Donna Palladini Children under 6     Yes     No  
Year(s) resided in the unit: 3 yrs.

Lead Inspection/Technician Information

Lead Inspector Name: Sharon Barr Lic.# ELI 81

Lead Inspector Signature: *Sharon Barr*

Inspector Technician Name: Kathleen Loparto Lic.# ELT 0381

Inspector Technician Signature: *Kathleen Loparto*

Date Inspected: 4/21/2014 Time: 4:00 PM

Reason For Inspection

- Independent Clearance Inspection     Visual Inspection  
 Tenant Complaint     Private Client-Property Transfer  
 Presumptive Compliance     Private Client  
 Code Enforcement     Other \_\_\_\_\_

**Notice to The Property Owner:** R.I. Lead Hazard Mitigation Regulations allow certified Lead Inspectors and/or Lead Inspector Technicians to verify that the unit tested has met the required standards based on professional expertise. Lead Hazard Mitigation Inspectors shall provide the property owner a copy of the inspection report within five (5) business days of obtaining any laboratory results. The report must include a copy of the laboratory results from the laboratory company identified above.  
\*Interior Only Inspections are exclusively allowed under the weather variance provision.

**A SIGNED COPY OF THE CERTIFICATE OF CONFORMANCE MUST ACCOMPANY THIS REPORT IN ORDER TO CONFIRM THAT THE UNIT MITIGATED HAS SUCCESSFULLY PASSED THE STANDARDS ESTABLISHED UNDER THE LEAD HAZARD MITIGATION REGULATIONS.**

### CLEARANCE INSPECTION

Property Address: 315 River Road Lincoln, RI Unit: 1

**Visual Inspection:**  Passed  Inspection failed

- |   |                              |  |                                   |
|---|------------------------------|--|-----------------------------------|
| 1. INTERIOR PAINT HAZARD(S)                     | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                   |
| 2. EXTERIOR PAINT HAZARD(S) (VISUAL INSPECTION) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> VARIANCE |
| 3. DUST HAZARD(S)                               | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                   |
| 4. SOIL HAZARD(S) (VISUAL INSPECTION ONLY)      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> VARIANCE |
| 5. FRONT COMMON HAZARD[S]                       | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> VARIANCE |
| 6. REAR COMMON HAZARD[S]                        | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> VARIANCE |

**INTERIOR ROOMS:**

Room #	Room Name	Paint Hazards (checked)															
1	Kitchen	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						
2	Pantry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						
3	Dining	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						
4	Living	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						
5	Bath	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						
6	Bed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						
7	Bed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						
8	Bed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						
9	Family Rm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						
10	Den/Office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other						

**EXTERIOR:**

Side #	Side/Name:	Hazard:	Paint Hazard (checked)															
1	Front	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Siding	<input type="checkbox"/> Doors	<input type="checkbox"/> Trim	<input type="checkbox"/> Porch	<input type="checkbox"/> Window	<input type="checkbox"/> Doors	<input type="checkbox"/> Soffit	<input type="checkbox"/> Railing	<input type="checkbox"/> Stair	<input type="checkbox"/> Columns	<input type="checkbox"/> Foundation	<input type="checkbox"/> Garage	<input type="checkbox"/> Fence	<input type="checkbox"/> Outbuildings	<input type="checkbox"/> Other
2	Left	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Siding	<input type="checkbox"/> Doors	<input type="checkbox"/> Trim	<input type="checkbox"/> Porch	<input type="checkbox"/> Window	<input type="checkbox"/> Doors	<input type="checkbox"/> Soffit	<input type="checkbox"/> Railing	<input type="checkbox"/> Stair	<input type="checkbox"/> Columns	<input type="checkbox"/> Foundation	<input type="checkbox"/> Garage	<input type="checkbox"/> Fence	<input type="checkbox"/> Outbuildings	<input type="checkbox"/> Other
3	Back	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Siding	<input type="checkbox"/> Doors	<input type="checkbox"/> Trim	<input type="checkbox"/> Porch	<input type="checkbox"/> Window	<input type="checkbox"/> Doors	<input type="checkbox"/> Soffit	<input type="checkbox"/> Railing	<input type="checkbox"/> Stair	<input type="checkbox"/> Columns	<input type="checkbox"/> Foundation	<input type="checkbox"/> Garage	<input type="checkbox"/> Fence	<input type="checkbox"/> Outbuildings	<input type="checkbox"/> Other
4	Right	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Siding	<input type="checkbox"/> Doors	<input type="checkbox"/> Trim	<input checked="" type="checkbox"/> Porch	<input type="checkbox"/> Window	<input type="checkbox"/> Doors	<input type="checkbox"/> Soffit	<input type="checkbox"/> Railing	<input type="checkbox"/> Stair	<input type="checkbox"/> Columns	<input type="checkbox"/> Foundation	<input type="checkbox"/> Garage	<input type="checkbox"/> Fence	<input type="checkbox"/> Outbuildings	<input type="checkbox"/> Other

Note: Failure to comply will result in disqualification of the unit(s). An automatic weather variance shall be granted by the Mitigation Inspector between November 1 and May 31. The Mitigation Inspector must have the Property Owner/Designated person to complete and signed the Weather Variance Form, approved by HRC, and maintain a copy on records. Any identified hazards must be corrected by the Property Owner/Designated Person and inspected by the Mitigation Inspector no later than the following June 1 or within 30 days from the date it was issued, whatever is latest. The Certificate of Conformance issued under the Weather Variance provision shall be dated and entered upon the date of the initial inspection. Any further documentation of variances should be on forms approved by and submitted to the HRC, but no change is to be made to the original Certificate of Conformance Mitigation Inspectors granting a weather variance, as specified in Section 3, above are responsible to follow-up with the Property Owner/Designated Person to make sure the exterior of the property meets the standards by re-inspecting the unit no later than the following June 1 or within 30 days from the date it was issued, whatever is latest. . In the event that the Property Owner/Designated Person is not in compliance by the following June 1, the Inspector must report that the property is not in compliance, providing the number of the Certificate that was issued, no later than June 30, following the above deadline.

Comments: Condominium units do not include exterior inspections.

Inspector Initial: kl Date: 4/21/2014 Time: 4:00 PM





12950 Haggerty Road  
Belleville, MI 48111  
Ph: (734) 699-labs; Fax: (734) 699-8407

### Certificate of Analysis: Lead In Dust Wipe by NIOSH Method 7082

**Client :** Lead Safe - RI  
14 Sir Charles RD  
Lincoln, RI 02865  
**Attn :** Sharon Barr      **Email :** leadsaferi@gmail.com  
**Phone :** 401) 475-5858      **Fax :** 401-475-3601

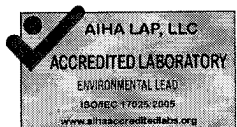
**Client Project :** 1st Floor  
**Project Location :** 315 River Rd. Linwin

**AAT Project :** 184249  
**Sampling Date :** 04/21/2014  
**Date Received :** 04/23/2014  
**Date Analyzed :** 04/28/2014  
**Date Reported :** 4/28/2014 5:21:11PM  
**Analyst :** Tony Gincott

Lab Sample ID	Client Code	Sample Description	Length (inch)	Width (inch)	Area (Sq ft)	Results Lead µg/ft2 *
1813641	303	Kitchen Floor	12	12	1.00	<10.00
1813642	304	Living Rm Rug	12	12	1.00	<10.00
1813643	305	Bed Rm Win Sill	32	4.5	1.00	19.18

*Tony Gincott*  
Analyst Signature

(ND=Not Detected, N/A Not Available, RL Reporting Limit, Analytical Reporting Limit is 10 ug/sample) \* For true values assume (2) significant figures. The method and batch QC is acceptable unless otherwise stated. EPA HUD Regulatory Limits: 40 ug/ft2 (Floors Carpeted/uncarpeted), 250ug/ft2 (Window Sill/Stools), 400 ug/ft2 (Window Trough /Well/Ext Concrete Surfaces) The laboratory operates in accord with ISO 17025 guidelines and holds limited scopes of accreditation under AIHA and NY State DOH ELAP programs. These results are submitted pursuant to AAT LLC current terms and conditions of sale, including the company's standard warranty and limitation of liability provisions. Analytical results relate to the samples as



AIHA ELLAP- Lab ID #100986, NY State DOH ELAP -Lab ID #11864, State of Ohio- Lab ID # 10042

Date Printed: 04/30/2014

AAT Project: 184249

## RHODE ISLAND HOUSING RESOURCES COMMISSION

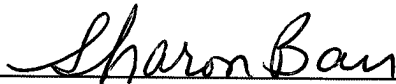
## LEAD HAZARD MITIGATION

## CERTIFICATE OF CONFORMANCE

Certificate #: **48636****1. DWELLING OR PREMISES CERTIFIED AS MEETING CONFORMANCE:**Street: **315 RIVER ROAD**Total Dwelling Units: **2**Plat/Lot #: **11 / 02**City/Town: **LINCOLN**Zip: **02865**Apartment/Floor/Unit #: **2ND FLOOR****2. OWNER OF DWELLING OR PREMISES:**Name: **LARRY ARABIAN**Telephone Number: **999-9999**Street: **309 RIVER ROAD**City/Town: **LINCOLN**State: **RI**Zip: **02865****3. TENANT INFORMATION:**Name: **DANIELLE BENOIT**Children under 6: **No****4. CERTIFICATION OF INDEPENDENT CLEARANCE INSPECTION PERFORMANCE:**Inspection Type: **Independent Clearance Inspection**Inspection Date: **04/21/2014****5. CERTIFICATION OF CONFORMANCE:**

The dwelling or premises in Item 1 above is certified to be in conformance with the Lead Hazard Mitigation Standards as of the Certification Date specified below. Conformance is contingent upon routine maintenance of the property. This Certificate of Conformance (Compliance) shall be valid for two (2) years or until the next turnover of the Dwelling Unit, whichever period is longer, provided that no more than one (1) Independent Clearance Inspection shall be required in any twenty-four (24) month period. This Certification may be extended by receipt of an Affidavit of Completion of Visual Inspection as specified by RIGL 42-128.1-4.5

I certify that I have conducted the inspection specified in Item 4 above in accordance with the Housing Resources Commission Lead hazard Mitigation Regulations, and have determined that the dwelling or premises identified above is in conformance, as defined by these regulations. I certify that I am not the property owner of the property or an employee of the property owner



(Signature)

(Type or Print Name of Person Conducting Inspection)

**SHARON BARR**Certification Date: **05/01/2014**RI License No: **ELI-0081**

HRC LHM FORM - 1 (4/04)



RHODE ISLAND HOUSING RESOURCES COMMISSION  
MITIGATION CLEARANCE INSPECTION REPORT



TYPE OF INSPECTION

- Presumptive Compliance  Full Independent Clearance Inspection (Interior & Exterior)  Condominium Unit  Interior Only\*

Address Inspected

No./Street: 315 River Road City State: Lincoln, RI Zip Code: 02865  
Total Units: 2 Apt/FI/Unit #: 2 Plat/Lot: 11/02 Year Built: 1800

Owner Information

Name: Larry & Susan Arabian No./Street Address 309 River Rd.  
City/State: Lincoln, RI Zip Code 02865  
Home Phone: N/A Work Phone: N/A

Tenant Information

Name: Danielle Benoit Children under 6  Yes  No  
Year(s) resided in the unit: 3 yrs.

Lead Inspection/Technician Information

Lead Inspector Name: Sharon Barr Lic.# ELI 81  
Lead Inspector Signature: *Sharon Barr*  
Inspector Technician Name: Kathleen Loparto Lic.# ELT 0381  
Inspector Technician Signature: *Kathleen Loparto*  
Date Inspected: 4/21/2014 Time: 4:30 PM

Reason For Inspection

- Independent Clearance Inspection  Visual Inspection  
 Tenant Complaint  Private Client-Property Transfer  
 Presumptive Compliance  Private Client  
 Code Enforcement  Other \_\_\_\_\_

**Notice to The Property Owner:** R.I. Lead Hazard Mitigation Regulations allow certified Lead Inspectors and/or Lead Inspector Technicians to verify that the unit tested has met the required standards based on professional expertise. Lead Hazard Mitigation Inspectors shall provide the property owner a copy of the inspection report within five (5) business days of obtaining any laboratory results. The report must include a copy of the laboratory results from the laboratory company identified above.  
\*Interior Only Inspections are exclusively allowed under the weather variance provision.

**A SIGNED COPY OF THE CERTIFICATE OF CONFORMANCE MUST ACCOMPANY THIS REPORT IN ORDER TO CONFIRM THAT THE UNIT MITIGATED HAS SUCCESSFULLY PASSED THE STANDARDS ESTABLISHED UNDER THE LEAD HAZARD MITIGATION REGULATIONS.**

### CLEARANCE INSPECTION

Property Address: 315 River Road Lincoln, RI Unit: 2

**Visual Inspection:**  Passed  Inspection failed

- 1. INTERIOR PAINT HAZARD(S)  YES  NO
- 2. EXTERIOR PAINT HAZARD(S) (VISUAL INSPECTION)  YES  NO  VARIANCE
- 3. DUST HAZARD(S)  YES  NO
- 4. SOIL HAZARD(S) (VISUAL INSPECTION ONLY)  YES  NO  VARIANCE
- 5. FRONT COMMON HAZARD[S]  YES  NO  VARIANCE
- 6. REAR COMMON HAZARD[S]  YES  NO  VARIANCE

**INTERIOR ROOMS:**

Room #	Room Name	Paint Hazards (checked)									
1	Kitchen	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	
2	Pantry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	
3	Dining	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	
4	Living	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	
5	Bath	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	
6	Bed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	
7	Bed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	
8	Bed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	
9	Family Rm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	
10	Den/Office	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Walls	<input type="checkbox"/> Trim	<input type="checkbox"/> Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Door	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Other	

**EXTERIOR:**

Side #	Side/Name:	Hazard:	Paint Hazard (checked)									
1	Front	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Siding	<input type="checkbox"/> Doors	<input type="checkbox"/> Trim	<input type="checkbox"/> Porch	<input type="checkbox"/> Windows	<input type="checkbox"/> Doors	<input type="checkbox"/> Soffit	<input type="checkbox"/> Railing	<input type="checkbox"/> Stair	
2	Left	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Column	<input type="checkbox"/> Foundation	<input type="checkbox"/> Garage	<input type="checkbox"/> Fence	<input type="checkbox"/> Outbuildings	<input type="checkbox"/> Other				
3	Back	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Siding	<input type="checkbox"/> Doors	<input type="checkbox"/> Trim	<input type="checkbox"/> Porch	<input type="checkbox"/> Windows	<input type="checkbox"/> Doors	<input type="checkbox"/> Soffit	<input type="checkbox"/> Railing	<input type="checkbox"/> Stair	
4	Right	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Column	<input type="checkbox"/> Foundation	<input type="checkbox"/> Garage	<input type="checkbox"/> Fence	<input type="checkbox"/> Outbuildings	<input type="checkbox"/> Other				

Note: Failure to comply will result in disqualification of the unit(s). An automatic weather variance shall be granted by the Mitigation Inspector between November 1 and May 31. The Mitigation Inspector must have the Property Owner/Designated person to complete and signed the Weather Variance Form, approved by HRC, and maintain a copy on records. Any identified hazards must be corrected by the Property Owner/Designated Person and inspected by the Mitigation Inspector no later than the following June 1 or within 30 days from the date it was issued, whatever is latest. The Certificate of Conformance issued under the Weather Variance provision shall be dated and entered upon the date of the initial inspection. Any further documentation of variances should be on forms approved by and submitted to the HRC, but no change is to be made to the original Certificate of Conformance Mitigation Inspectors granting a weather variance, as specified in Section 3, above are responsible to follow-up with the Property Owner/Designated Person to make sure the exterior of the property meets the standards by re-inspecting the unit no later than the following June 1 or within 30 days from the date it was issued, whatever is latest. . In the event that the Property Owner/Designated Person is not in compliance by the following June 1, the Inspector must report that the property is not in compliance, providing the number of the Certificate that was issued, no later than June 30, following the above deadline.

Comments: Condominium units do not include exterior inspections.

Inspector Initial: kl Date: 4/21/2014 Time: 4:30 PM  
 HRC LHM FORM- 2 Revised(11/08) Page 2 of 3





12950 Haggerty Road  
 Belleville, MI 48111  
 Ph: (734) 699-labs; Fax: (734) 699-8407

**Certificate of Analysis: Lead In Dust Wipe by NIOSH Method 7082**

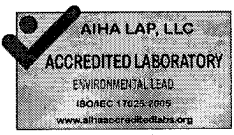
<b>Client :</b> Lead Safe - RI 14 Sir Charles RD Lincoln, RI 2865	<b>AAT Project :</b> 184250
<b>Attn :</b> Sharon Barr <b>Phone :</b> 401) 475-5858	<b>Sampling Date :</b> 04/21/2014 <b>Date Received :</b> 04/23/2014 <b>Date Analyzed :</b> 04/28/2014 <b>Date Reported :</b> 4/30/2014 8:06:32AM
<b>Email :</b> leadsaferi@gmail.com <b>Fax :</b> 401-475-3601	<b>Analyst :</b> Ranjana Valecha
<b>Client Project :</b> 2nd Floor	
<b>Project Location :</b> 315 River Rd Lincoln	

Lab Sample ID	Client Code	Sample Description	Length (inch)	Width (inch)	Area (Sq ft)	Results Lead µg/ft2 *
1813644	300	Kitchen Floor	12	12	1.00	<10.00
1813645	301	Den	12	12	1.00	<10.00
1813646	302	Bed Rm Win Sill	29	6	1.21	145.54

*Ranjana*

Analyst Signature

(ND=Not Detected, N/A Not Available, RL Reporting Limit, Analytical Reporting Limit is 10 ug/sample) \* For true values assume (2) significant figures. The method and batch QC is acceptable unless otherwise stated. EPA HUD Regulatory Limits: 40 ug/ft2 (Floors Carpeted/uncarpeted), 250ug/R2 (Window Sill/Stools), 400 ug/ft2 (Window Trough /Well/Ext Concrete Surfaces) The laboratory operates in accord with ISO 17025 guidelines and holds limited scopes of accreditation under AIHA and NY State DOH ELAP programs. These results are submitted pursuant to AAT LLC current terms and conditions of sale, including the company's standard warranty and limitation of liability provisions. Analytical results relate to the samples as



AIHA ELLAP- Lab ID #100986, NY State DOH ELAP -Lab ID #11864, State of Ohio- Lab ID # 10042

Date Printed: 04/30/2014

AAT Project: 184250



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 Belleville, MI 48111  
 Ph: (734) 699-labs; Fax: (734) 699-8407

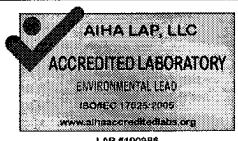
**Certificate of Analysis: Lead In Dust Wipe by NIOSH Method 7082**

<b>Client :</b> Lead Safe - RI 14 Sir Charles RD Lincoln, RI 2865	<b>AAT Project :</b> 184254
<b>Attn :</b> Sharon Barr <b>Phone :</b> 401) 475-5858	<b>Sampling Date :</b> 04/21/2014
<b>Email :</b> leadsaferi@gmail.com	<b>Date Received :</b> 04/23/2014
<b>Fax :</b> 401-475-3601	<b>Date Analyzed :</b> 04/28/2014
<b>Client Project :</b> 315 River Rd Lincoln	<b>Date Reported :</b> 4/28/2014 5:11:11PM
<b>Project Location :</b> 315 River Rd Lincoln	<b>Analyst :</b> Tony Gincott

Lab Sample ID	Client Code	Sample Description	Length (inch)	Width (inch)	Area (Sq ft)	Results Lead µg/ft2 *
1813659	306	Blank	N/A	N/A	N/A	N/D

*Tony Gincott*  
 Analyst Signature

(ND=Not Detected, N/A Not Available, RL Reporting Limit, Analytical Reporting Limit is 10 ug/sample) \* For true values assume (2) significant figures. The method and batch QC is acceptable unless otherwise stated. EPA HUD Regulatory Limits: 40 ug/ft2 (Floors Carpeted/uncarpeted), 250ug/ft2 (Window Sill/Stools), 400 ug/ft2 (Window Trough /Well/Ext Concrete Surfaces) The laboratory operates in accord with ISO 17025 guidelines and holds limited scopes of accreditation under AIHA and NY State DOH ELAP programs. These results are submitted pursuant to AAT LLC current terms and conditions of sale, including the company's standard warranty and limitation of liability provisions. Analytical results relate to the samples as



AIHA ELLAP- Lab ID #100986, NY State DOH ELAP -Lab ID #11864, State of Ohio- Lab ID # 10042

Date Printed: 04/28/2014

AAT Project: 184254