

## THE MAINTENANCE STANDARD PLANNING GUIDE For Required Remediation

This form is intended to serve as a guide for property owners and managing agents that choose compliance with the Maintenance Standard **after being ordered by the Department to remediate all identified lead poisoning hazards**. This form may be used as a guide to writing your remediation plan, or you may submit this form to the Department as your remediation plan by providing the following information. Variances, if any, will be attached to the end of this document.

If you have any questions, please consult with \_\_\_\_\_ at \_\_\_\_\_,

Name (*Owner/Managing Agent*): \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address : \_\_\_\_\_  Vacant  Occupied  
(*property being remediated*)  Rental  Owner-Occupied

County: \_\_\_\_\_ City: \_\_\_\_\_, NC Zip Code: \_\_\_\_\_

**Please initial in the space provided to acknowledge your agreement.  
Or, write N/A if that section does not apply.**

### *Initial*

1. \_\_\_\_\_ All work will be performed using lead-safe work practices as described in the references included with the *Environmental Investigation for Lead Poisoning Hazards* report.
2. \_\_\_\_\_ Using lead-safe work practices, I will repair and repaint deteriorated paint on interior and exterior surfaces identified as lead-poisoning hazards. (see attached chart)
3. \_\_\_\_\_ Using lead-safe work practices, I will eliminate any interior or exterior water leaks by repairing structural conditions causing the leaks.
4. \_\_\_\_\_ Using lead-safe work practices, I will repair structural conditions or components to ensure that paint will remain on the surface. Painted components that are rotting or are not in good condition will be replaced.
5. \_\_\_\_\_ All visible paint chips on the ground surface within three feet of the dwelling foundation and in children's play areas will be removed. I will establish and maintain an adequate ground cover in areas of bare soil within three feet of the dwelling foundation and any other areas of bare soil identified as a lead poisoning hazard on the environmental investigation report. The cover will be stabilized and maintained to prevent water and wind erosion.

### **Please check the method(s) that will be used:**

- Grass (as seed or sod) over 4 to 6 inches of topsoil
- Shredded wood bark or other approved mulch material (4 to 6 inches)
- Solid Fencing (minimum five feet in height) to block access by young children
- Gravel (4 to 6 inches)
- Make area inaccessible to young children: Explain \_\_\_\_\_

Other \_\_\_\_\_

6. \_\_\_\_\_ Specialized cleaning will be conducted on all interior and exterior surfaces (e.g., porch floors), to remove dust that may contain lead before work begins, at the end of each work day, and after all work has been completed.

7. \_\_\_\_\_ To prevent the generation of lead dust, I will correct any conditions in which painted, varnished or stained doors and other surfaces are rubbing, binding, or being damaged.

**Please check the method(s) that will be used:**

- Installing protective strips on impact surfaces
- Replacing doorstop molding
- Re-adjusting or planing doors so they close without rubbing or sticking
- Other \_\_\_\_\_

8. \_\_\_\_\_ I will make interior and exterior window components smooth and easy to clean. To prevent the generation of lead dust, I will correct any conditions in which paint on windows and other surfaces are rubbing, binding, or being damaged. I will cap window troughs with vinyl or aluminum coil stock (providing drainage from storm window frames when applicable).

**Please check the method(s) that will be used:**

- Repairing and repainting interior and exterior window sills
- Installing window jamb liners
- Other \_\_\_\_\_

9. \_\_\_\_\_ I will make interior and exterior horizontal surfaces smooth and easy to clean.

**Please check the method(s) that will be used:**

- Replacing or recovering worn out floor coverings (e.g., linoleum, carpet)
- Subject to the occupant's approval, steam shampoo carpets or use other specialized cleaning methods to remove dust that may contain lead.
- Repairing interior hardwood floors, stair treads, and porch flooring
- Removing deteriorated paint from floors and cover with polyurethane or high-quality oil-based enamel paint
- Repairing the surface and covering with an approved material (e.g., plywood, vinyl floor runners)
- Other \_\_\_\_\_

10. \_\_\_\_\_ I will remove and dispose vinyl mini-blinds identified as a lead poisoning hazard in accordance with *Removal and Disposal of Lead-Contaminated Vinyl Mini-blinds instructions* (enclosed). In addition, all horizontal surfaces near the mini-blind(s) will be cleaned using the specialized cleaning methods (enclosed).

11. \_\_\_\_\_ I will remediate additional lead poisoning hazards identified in the *Environmental Investigation Report for Lead Poisoning Hazards*. Please indicate the method(s) of remediation (\* see attached chart)

\_\_\_\_\_

12. \_\_\_\_\_ If this dwelling is not owner-occupied, I will advise the occupants to report deteriorating paint and provide the dwelling occupants with the Environmental Protection Agency's (EPA) pamphlet, *Protect Your Family from Lead in Your Home* (2012 or later updates as available)

13. \_\_\_\_\_ If the dwelling is not currently occupied, or if the occupants move out during the remediation process, I agree to leave the unit unoccupied until the remediation work and clearance testing results are approved in writing by the Department.

14. \_\_\_\_ I agree to comply with all applicable local, state, and federal laws regarding lead remediation activities during this project. For questions regarding other state lead regulations contact the following agencies. **Note:** This list is not all inclusive

1. NC DHHS - Health Hazard Control Unit 919/707-5950
2. NC DOL - Department of Labor 919/807-2796
3. NC DENR - Division of Waste Management/Hazardous Waste Section 919/707-8200

15. \_\_\_\_ I will notify the Department and occupants at least three (3) days prior to beginning any remediation work.

16. \_\_\_\_ I will notify the Department for a final clearance inspection after completing the remediation and final cleanup in accordance with the approved plan.

17. \_\_\_\_ **Children will not be in allowed areas where lead poisoning hazard remediation work is being performed until after specialized cleaning is completed.**

18. Choose one of the following:

a. \_\_\_\_ Currently\*, this dwelling is not owner-occupied, and to verify continued compliance with the Maintenance Standard, I agree to an annual monitoring inspection by the Department.

b. \_\_\_\_ Currently\*, this dwelling is owner-occupied and I agree to do one of the following activities on an annual basis to verify continued compliance with the maintenance standard:

1. having an annual monitoring inspection by the Department; or
2. by providing notarized documentation to the Department that no child less than six years of age has resided in or regularly visited\*\* the residential housing unit during the past year; or
3. by providing notarized documentation, current medical record, or physician's written statement to the Department that no child less than six years of age residing in or regularly visiting this dwelling has a blood lead level of 10  $\mu\text{g}/\text{dL}$  or greater.

\**Currently* means within six months of the annual monitoring date.

\*\**Regularly visit* means the presence at a residential housing unit or child-occupied facility on at least two different days within any week, provided that each day's visit lasts at least three hours and the combined weekly visits last at least six hours, and the combined annual visits last at least 60 hours.

19. \_\_\_\_ Any changes or modifications to this plan will be submitted in writing to and approved by the Department.

20. \_\_\_\_ I understand that if the initial clearance or annual monitoring of the property consistently fails I may be required to abate the areas that are noncompliant.

21. \_\_\_\_ I understand that I will be required to remediate any new or recurring lead poisoning hazards identified during the annual monitoring visit.

22. \_\_\_\_ If the property changes ownership, I will notify the new owner of the requirements of this plan and provide the Department contact information for the new owner.

23. \_\_\_\_ The remediation must be completed within 60 days of plan approval unless an extension has been requested in writing by the owner or managing agent and granted by the Department in writing.

24. Indicate the projected date of completion: \_\_\_\_\_

25. I am interested in a Certificate of Compliance:  YES  NO

26. List ALL identified lead poisoning hazards and chosen remediation option along with a description of how the work will be done

Identified Lead Poisoning Hazard	Remediation Option Chosen	Description of Work

**Please attach additional sheets as needed.**

**The requirements of this remediation plan have been fully explained to me. I understand the requirements of this remediation plan and agree to comply with the provisions.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Owner or Managing Agent)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Authorized Agent of the NC Department of Health and Human Services)*

<b>For Department Use Only</b>
<input type="checkbox"/> Approved Date: _____ <input type="checkbox"/> Disapproved (explanation attached) <input type="checkbox"/> Variance Granted by the Department (see attached)