North Carolina Department Health and Human Services

Environmental Health Section

**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 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 write your initials in the space provided to acknowledge your agreement.**

**Or, write N/A if that section does not apply.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Initials***

1. \_\_\_\_\_ All work will be performed using the lead-safe work practices from the references included in

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 leaks by repairing

structural conditions causing 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. \_\_\_\_\_ I will establish and maintain an adequate 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. All visible paint chips will be removed before covering bare soil.

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

Grass (as seed or sod) over 4 to 6 inches of topsoil Bark (4 to 6 inches)

Shredded Wood Mulch (4 to 6 inches) Solid Fencing

Gravel (4 to 6 inches)

Make Area Inaccessible: 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 paint on 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

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. \_\_\_\_\_ I will make interior and exterior window components smooth and easy to clean. 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 of any vinyl mini-blinds identified as a lead poisoning hazard in

accordance with *Removal and Disposal of Lead-Contaminated Vinyl Mini-blinds* (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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.*

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 regulation 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 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 areas where lead poisoning hazard remediation work is being**

**performed until after specialized cleaning is complete in the respective area(s).**

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

1. 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 5 *μg/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.

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

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

26.\* Please list identified hazards and remediation below:

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| --- | --- | --- |
| **Hazard Identified** | **Remediation Option** | **Description of Work** |
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**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)*

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| --- |
| **For Department Use Only**  Approved Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Disapproved (explanation attached)  Variance Granted by the Department (see attached) |

*09/13 CEHP*