Northeast Lead Inspections, Inc.
PO Box 490790, Everett, MA 02149
Phone: 617-293-7719
Email: Northeastleadinspections@gmail.com
Website: www.northeastlead.com

LETTER OF FULL INITIAL LEAD INSPECTION COMPLIANCE

Ted Maione 2012 Revocable Trust c/o
Baskaran Ganesan
388 Great Road Unit #11A
Acton, Mass. 01720

Dear Property owner:

This letter is to certify that I inspected your property located at **535 Old Stone Brk.**, Unit **none** , and relevant interior and exterior common areas, in the City/Town of **Acton** for dangerous levels of lead according to 105 CMR 460.730 of the Regulations for Lead Poisoning Prevention and Control, and determined that there were no violations of the Lead Law, Massachusetts General Laws, Chapter 111, section 197. The inspection was conducted on **08/ 24 /16**.

☒ **I also certify that I observed no evidence or signs that unauthorized deleading activities may have occurred in this unit or in its associated common areas.**

Please be advised that Massachusetts law requires that only certain residential surfaces be free of lead paint. Thus, this letter does not mean that your property contains no lead paint. **The residential premises or dwelling unit and relevant common areas shall remain in compliance with the requirements of the Lead Laws referenced above only as long as there continues to be no peeling, chipping or flaking lead paint or other accessible leaded materials, as long as coverings and/or encapsulants forming an effective barrier over such paint or other leaded materials remain in place, and as long as surfaces reversed to correct lead hazards remain reversed and securely in place.** The law grants you a 30-day maintenance period to repair deteriorated lead paint or detached coverings over such paint, and to clean up, during which time this Letter remains valid. The initial inspection report indicates which surfaces, if any, contain a dangerous level of lead, as well as those surfaces, if any, that were covered upon initial inspection.

The CLPPP authorized serial number for this Letter of Full Initial Lead Inspection Compliance is **22834004082416-535**. 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 Full Initial Lead Inspection Compliance is only for the address and unit number noted above. If you change the street address, unit/apartment number or any other identifying information pertaining to the residential premises referred to in this Letter of Full Initial Lead Inspection Compliance, this Compliance 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 Compliance, 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,

Thomas Cosco	4004	08 / 24 / 16
Inspector	License #	Date

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

Lead Inspection / Risk Assessment Report

Northeast Lead Inspections, Inc.
PO Box 490790, Everett, MA 02149
Phone: 617-293-7719
Email: Northeastleadinspections@gmail.com
Website: www.northeastlead.com

St.#	Street Name	Street Type	Unit
535	OLD STONE	BRK	—

City: ACTON
Zip Code: 01718 - 1008

Owners Name: TED MALONE 2012 REVOCABLE TRUST
Owner Address: 535 OLD STONE BRK. ACTON, MASS. 01718
Contact Information:
Client Name (if different from owner): BASKARAN GANESAN 388 GREAT ROAD #11A ACTON, MA. 01720
Client Address: EMAIL: BASUVI4@gmail.com 978-495-6409

Number of Rooms in Unit: 6
Property Type:
- ☐ Single Family
- ☐ Multi Family # of Units
- ☑ Condominium # of Units 8
- ☐ Day Care ☐ Other

Key	Lead Column
COV	Covered
VB	Vinyl Baseboard
MET	Metal
VR	Vinyl Rep. Window
MR	Metal Rep. Window
NA	Not Accessible
NC	No Coating
Tile	Tile (testing suggested)
DC	Dropped Ceiling

Key	Delead/IC Method Column	Key	Delead/IC Method Column
CAP	Capped	SCR	Scraped
COV	Covered	DIP	Dipped
ENC	Encapsulated	REM	Removed
MI	Made Intact	REP	Replaced
PRE	Prepared for Enc.	REV	Reversed
VR/MR	Vinyl/Metal Rep Window	INT	Intact
SFR	Storm Frame Removed		
⊘	Component Does Not Exist		

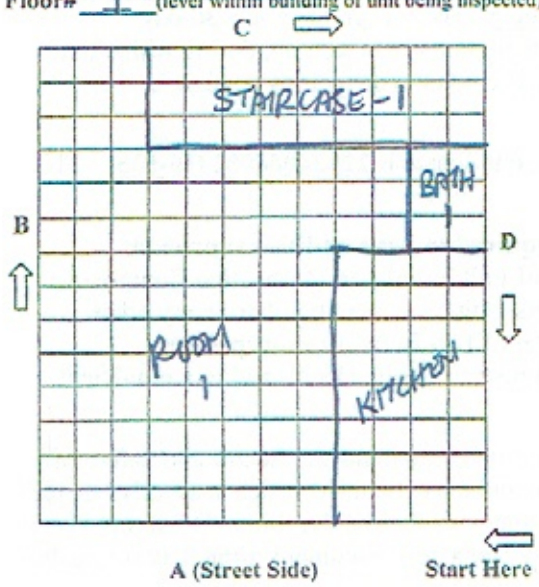
Laundry in Basement? ☑ Yes ☐ No
Finished Space in Basement ☐ Yes ☑ No

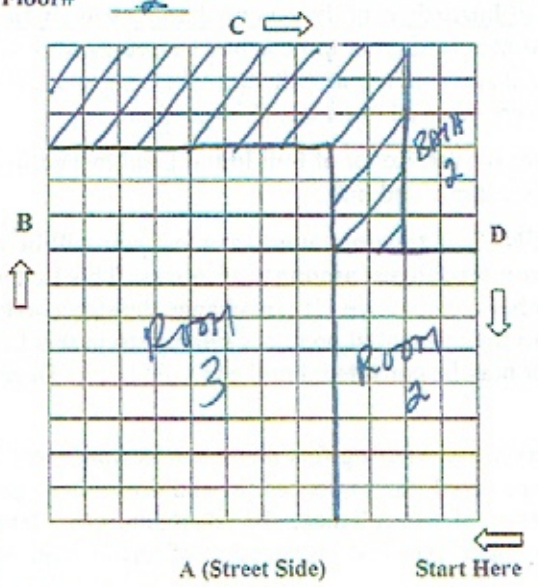
Testing Method Used

Na_2S Expiration Date: / /
X-Ray Fluorescence
Model: LPA-1 Serial # 3260

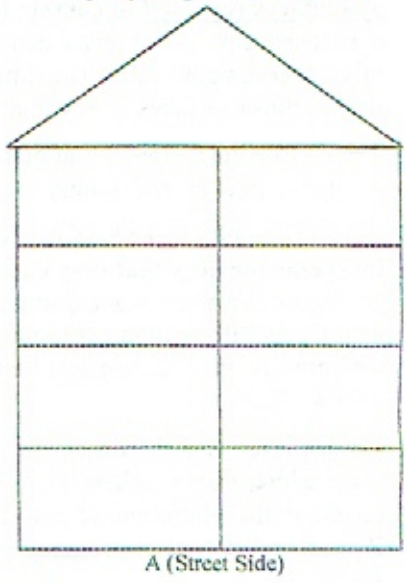
Comments / Notes: Submitted for Compliance Evaluation ☐
VACANT - ROW HOUSE, NO "B", "C", OR "D" EXTERIOR.

Floor# 1 (level within building of unit being inspected) Floor# 2





Property Diagram / Unit Labels



Pb (lead) equal to or greater than 1.0 m/cm² with x-ray fluorescence or positive with Na_2S is **Dangerous.**

XRF Calibration Recorded In Log Book ☑ ✓ - Check off when complete
Address verified through USPS ☑ ✓ - Check off when complete
Research on Lead Related History for Address ☑ ✓ - Check off when complete
www.state.ma.us/dph/clppp or 800-532-9571

Tom Cosco	4004	C. Cosco	08/24/16
Inspector's Name	License #	Signature	Date

LI/RA revised 09/14

INSPECTION HISTORY

Determination — Lead Hazards? Y / N
Inspector Name:_____, Lic#_____
Signature_____

Comprehensive Initial Inspection — 08/24/16 — Lead Hazards? Y / (N)
Inspector Name: T. Cosco, Lic# 4004
Signature T. Cosco

Comp Initial w/Partial PCAD — Lead Hazards? Y / N
Inspector Name:_____, Lic#_____
Signature_____

Addendum (add-on to Initial Inspection) — Lead Hazards? Y / N
Inspector Name:_____, Lic#_____
Signature_____

Addendum as Full Inspection — Lead Hazards? Y / N
Inspector Name:_____, Lic#_____
Signature_____

Walk Through for Ed/Consultation
Inspector Name:_____, Lic#_____
Signature_____

REINSPECTION HISTORY

Visual Portion of Reocc. Reinspection — P / F
Inspector Name:_____, Lic#_____
Signature_____

Visual Portion of Reocc. Reinspection — P / F
Inspector Name:_____, Lic#_____
Signature_____

Dust Taken for Reocc. Reinspection — P / F
Inspector Name:_____, Lic#_____
Signature_____

Dust Taken for Reocc. Reinspection — P / F
Inspector Name:_____, Lic#_____
Signature_____

Visual Portion of Final Reinspection — P / F
Inspector Name:_____, Lic#_____
Signature_____

Visual Portion of Final Reinspection — P / F
Inspector Name:_____, Lic#_____
Signature_____

Dust Taken for Final Reinsp. (No Reocc) — P / F
Inspector Name:_____, Lic#_____
Signature_____

Dust Taken for Final Reinsp. (No Reocc) — P / F
Inspector Name:_____, Lic#_____
Signature_____

INTERIM CONTROL

Risk Assessment — Urgent Pb. Hazards? Y / N
R.A. Name:_____, Lic#_____
Signature_____

Dust Taken for Risk Assessment — P / F
R.A. Name:_____, Lic#_____
Signature_____

Visual Portion of Reinspection for Interim Control — P / F
R.A. Name:_____, Lic#_____
Signature_____

Dust Taken for Risk Assessment Reinsp. — P / F
R.A. Name:_____, Lic#_____
Signature_____

Visual Portion of Reinspection for Interim Control — P / F
R.A. Name:_____, Lic#_____
Signature_____

Dust Taken for Risk Assessment Reinsp. — P / F
R.A. Name:_____, Lic#_____
Signature_____

Risk Assessment Recertification — Urgent Pb. Hazards? Y / N
R.A. Name:_____, Lic#_____
Signature_____

Dust Taken for RA Recertification — P / F
R.A. Name:_____, Lic#_____
Signature_____

POST COMPLIANCE ASSESSMENT DETERMINATIONS

PCAD — Lead Hazards? Y / N
Inspector Name:_____, Lic#_____
Signature_____

Full Inspection Acting as PCAD — Lead Hazards? Y / N
Inspector Name:_____, Lic#_____
Signature_____

Visual Portion of PCAD Reinspection — P / F
Inspector Name:_____, Lic#_____
Signature_____

Dust Taken for PCAD Reinspection — P / F
Inspector Name:_____, Lic#_____
Signature_____

Dust Taken for PCAD Reinspection — P / F
Inspector Name:_____, Lic#_____
Signature_____

REOCCUPANCY CERTIFICATE HISTORY

Certificate of Reoccupancy
Only after High/Mod Risk (# rooms rule)
Inspector Name:_____, Lic#_____
Signature_____

Certificate of Reoccupancy
Only after High/Mod Risk (# rooms rule)
Inspector Name:_____, Lic#_____
Signature_____

Certificate of Reoccupancy
Only after High/Mod Risk (# rooms rule)
Inspector Name:_____, Lic#_____
Signature_____

COMPLIANCE HISTORY

Letter of Full Initial Compliance
0 8 2 4 1 6
No prior history/ No signs of UD
Inspector Name: T. Cosco, Lic# 4004
Signature T. Cosco

Letter of Interim Control
No prior Comp. Expires in 1 yr.
Inspector Name:_____, Lic#_____
Signature_____

Recertification of Interim Control
Expires 2 yrs from original Interim Control
Inspector Name:_____, Lic#_____
Signature_____

Letter of Full Deleading Compliance
Dust wipes if No Reocc.
Inspector Name:_____, Lic#_____
Signature_____

Certificate of Maintained Compliance
No Work= No Dust Work = 7 Dust
Inspector Name:_____, Lic#_____
Signature_____

Certificate of Restored Compliance
Dust wipes and auth. people
Inspector Name:_____, Lic#_____
Signature_____

COMPLIANCE HISTORY (CONT.)

Certificate of Maintained Compliance
No Work= No Dust Work = 7 Dust
Inspector Name:_____, Lic#_____
Signature_____

Certificate of Restored Compliance
Dust wipes and auth. people
Inspector Name:_____, Lic#_____
Signature_____

Certificate of Maintained Compliance
No Work= No Dust Work = 7 Dust
Inspector Name:_____, Lic#_____
Signature_____

Certificate of Restored Compliance
Dust wipes and auth. people
Inspector Name:_____, Lic#_____
Signature_____

OTHER HISTORY: WAIVERS/UD

Approved CLPPP Waiver
Attach to Comp Docs
Inspector Name:_____, Lic#_____
Signature_____

Approved CLPPP Waiver
Attach to Comp Docs
Inspector Name:_____, Lic#_____
Signature_____

UD / DES Visual Reinspection
No LOC Issued
P F
Inspector Name:_____, Lic#_____
Signature_____

UD / DES Dust Taken
No LOC Issued
P F
Inspector Name:_____, Lic#_____
Signature_____

UD / DES Dust Taken
No LOC Issued
P F
Inspector Name:_____, Lic#_____
Signature_____

UD / DES Final Reinspection
No LOC Issued
P F
Inspector Name:_____, Lic#_____
Signature_____

EXPLANATION OF LEAD INSPECTION / RISK ASSESSMENT REPORT FORM COLUMNS

This page provides general information needed to understand the lead inspection/risk assessment report. However, you should speak with the inspector/risk assessor before you start to do any work on your home.

SIDE Refers to A, B, C, or D side of the building or room. See the diagram on the cover sheet. The "A" side of the building or room is the side facing the street that gives the property its address (usually, it is the front of the building). Keeping your back to this street, from the "A" side move clockwise to the "B" side on your left, the "C" side opposite you, and the "D" side to the right. Numbering is from left to right.

LOCATION/ SURFACE Refers to the building component(s) being tested. Some surfaces may be made up of more than one part. For example, "Baseboard" may refer to four separate pieces of wood (one on each wall), but is still considered one surface.

LEAD The actual lead result. Each surface tested must have a result recorded in the "Lead" column.

- A number shows that the surface was tested with an XRF analyzer. A number (or average number) equal to or greater than 1.0 mg/cm^2 is a dangerous level of lead.
- A "pos" or "neg" shows that the surface was tested with sodium sulfide. "Pos" means that there is a dangerous level of lead.
- "N/A" means that the inspector was not able to test the surface. Unless the owner can get a sample to test, the inspector must assume the surface contains lead and require it to be deleaded, if necessary.
- "MET" or "MR" means that a metal surface was not tested and only needs to be intact, even if it is a leaded surface. However, metal handrails, metal window sills, and metal railing caps, need to be deleaded if they test equal to or greater than 1.0 mg/cm^2, or is marked "N/A."
- For key to abbreviations like "COV", "VB", "VR" or "MR", "NC", "Tile", "DC", see the cover page.
- When a component box is slashed and there are test results above and below the diagonal line, the result on the "bottom" represents results below 5 ft. and the "top" result indicates the test result above 5 ft.

TYPE OF HAZARD Not all lead paint must be deleaded. This column tells you IF and WHY a surface needs deleading. The deleading standards below may not apply for Interim Controls. Speak to your risk assessor for more information.

- "M/I" circled means that the surface is a moveable/impacted surface and must be deleaded in its entirety.
- "SF" circled indicates that there is a storm frame present which requires the blind stop and exterior sill be deleaded as interior moveable / impacted surfaces.
- "A/M" circled means that the surface is "accessible mouthable" and must be deleaded to a minimum of five feet high, four inches in from the edge or corner.
- "L" circled means that the surface is loose and must, at minimum, be made intact.
- If more than one choice is circled, the rules for deleading may change depending upon what method of deleading you choose. Speak to the inspector for more information.
- "N/A" means the inspector was unable to determine if the surface was a lead hazard. The person doing the deleading must check this surface and follow all the rules for deleading. Speak to the inspector for more information.
- If nothing is circled in the column, then it is likely the surface does not need deleading. Speak to the inspector for more information. Remember, this does not mean the entire surface is lead free, it just does not require deleading in its current condition.

URG HAZ? This column is only completed during a risk assessment. A risk assessment is an evaluation of a home's suitability for Interim Control. **Only a licensed risk assessor can do a risk assessment, not all inspectors are risk assessors.** If "Y" is circled, then this surface is considered an "Urgent Lead Hazard" and some type of deleading work is required to qualify for Interim Control.

IC DATE The date the licensed risk assessor determines the surface meets the standards for Interim Control.

IC METH The deleading method or structural repair done to qualify the surface for Interim Control. Refer to the deleading codes key on the cover page.

DELEAD DATE The date that the lead inspector reinspects the surface and finds that it has been successfully brought back into compliance.

DELEAD METH The method used to bring a surface into full compliance. Refer to codes in the Key on the cover page of the PCAD

EXCLUDED SURFACES The amount of loose paint on a surface as measured by the lead inspector. "N/A" means that the inspector was not able to measure the loose paint, but has determined it is more than the cut-off for moderate risk making intact.

T. Cosco	4004	T. Cosco	08-24-16
Inspector (print)	Lic #	Signature	Date
Risk Assessor (print)	Lic#	Signature	Date

Address of Property: 535 OLD STONE BRK Apt. # — City: ACTON

KITCHEN

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	-0.0	A/M L N/A	Y				
A B C D	Low Walls	-0.2	A/M L N/A	Y				
A B C D	Baseboards	-0.1	A/M L N/A	Y				
A B C D	Chair Rail	0.2	A/M L N/A	Y				
AB CD	Radiator	/ .	A/M L N/A	Y				
	Floor	-0.5	A/M L N/A	Y				
	Ceiling	NA	A/M L N/A	Y				
(A) B	Door	VR *	A/M L N/A	Y				
C D	Door Casing	-0.2	A/M L N/A	Y				
(1) 2	Door Jamb	VR	A/M L N/A	Y				
3 4	Threshold	COV	A/M L N/A	Y				
A B	Door	.	A/M L N/A	Y				
C D	Door Casing	.	A/M L N/A	Y				
1 2	Door Jamb	.	A/M L N/A	Y				
3 4	Threshold	.	A/M L N/A	Y				
A B	Door	.	A/M L N/A	Y				
C D	Door Casing	.	A/M L N/A	Y				
1 2	Door Jamb	.	A/M L N/A	Y				
3 4	Threshold	.	A/M L N/A	Y				
A B	Door	.	A/M L N/A	Y				
C D	Door Casing	.	A/M L N/A	Y				
1 2	Door Jamb	.	A/M L N/A	Y				
3 4	Threshold	.	A/M L N/A	Y				
A	Closet Door		A/M L N/A	Y				
B	Cl Casing		A/M L N/A	Y				
C	Closet Jamb		A/M L N/A	Y				
D	Closet Walls	.	A/M L N/A	Y				
	Cl Baseboard	.	A/M L N/A	Y				
1	Closet Pole	.	A/M L N/A	Y				
2	Closet Shelf	.	A/M L N/A	Y				
3	Cl Supports	.	A/M L N/A	Y				
4	Closet Floor	.	A/M L N/A	Y				
	Closet Ceiling	.	A/M L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	.	M/I A/M L N/A	Y				
B	Win Apron	.	A/M L N/A	Y				
C	Win Casing	.	A/M L N/A	Y				
D	Header Stop		M/I A/M L N/A	Y				
	Int Stops		M/I A/M L N/A	Y				
1	Win Int Sash		M/I A/M L N/A	Y				
2	Exterior Sill		M/I SF L N/A	Y				
3	Part Bead	.	M/I L N/A	Y				
4	Blind Stop		M/I SF L N/A	Y				
	Win Ext Sash		M/I L N/A	Y				
A	Window Sill		M/I A/M L N/A	Y				
B	Win Apron		A/M L N/A	Y				
C	Win Casing		A/M L N/A	Y				
D	Header Stop		M/I A/M L N/A	Y				
	Int Stops		M/I A/M L N/A	Y				
1	Win Int Sash		M/I A/M L N/A	Y				
2	Exterior Sill		M/I SF L N/A	Y				
3	Part Bead	.	M/I L N/A	Y				
4	Blind Stop	.	M/I SF L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
A B	Up Cab Frame	-0.3	A/M L N/A	Y				
(C)(D)	Up Cab Door	0.3 / -0.2	A/M L N/A	Y				
	Up Cab Walls	-0.3	A/M L N/A	Y				
1 2	Up Cab Shlvs	-0.3	A/M L N/A	Y				
3 4	Supports	/ .	A/M L N/A	Y				
	Low Cab Fram	-0.2	A/M L N/A	Y				
A B	Low Cab Door	-0.1 / -0.1	A/M L N/A	Y				
(C)(D)	Low Cab Walls	-0.3	A/M L N/A	Y				
	Low Cab Shlvs	-0.2	A/M L N/A	Y				
1 2	Supports	/ .	A/M L N/A	Y				
3 4	Drawers	-0.2	A/M L N/A	Y				
AB CD	Win Above 5'	/ .	M/I A/M L N/A	Y				
			M/I A/M L N/A	Y				
			M/I A/M L N/A	Y				
			M/I A/M L N/A	Y				
			M/I A/M L N/A	Y				
			M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

*SLIDING DOOR.

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces

T. Cosco | 4004 | T. Cosco | 08-24-16 | Page 6 Of 15

Inspector (print) | Lic # | Signature | Date

Assessor (print) | Lic # | Signature | Date

Address of Property: 535 OLD STONE BRK | Apt. # — | City: ACTON

ROOM # 1

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.7	A/M L N/A	Y				
A B C D	Low Walls	0.3	A/M L N/A	Y				
A B C D	Baseboards	0.1	A/M L N/A	Y				
A B C D	Chair Rail	/	A/M L N/A	Y				
A B C D	Radiator	/	A/M L N/A	Y				
-	Floor	COV	A/M L N/A	Y				
-	Ceiling	NA	A/M L N/A	Y				
(A) B	Door	VR *	A/M L N/A	Y				
C D	Door Casing	0 0	A/M L N/A	Y				
(1) 2	Door Jamb	VR	A/M L N/A	Y				
3 4	Threshold	COV	A/M L N/A	Y				
(A) B	Door	0.1	A/M L N/A	Y				
C D	Door Casing	0.0	A/M L N/A	Y				
1 (2)	Door Jamb	0.2	A/M L N/A	Y				
3 4	Threshold	0.1	A/M L N/A	Y				
A B	Door	0.7	A/M L N/A	Y				
(C) D	Door Casing	0.0	A/M L N/A	Y				
[illegible] 2	Door Jamb	0.1	A/M L N/A	Y				
	Threshold	/	A/M L N/A	Y				
A B	Door	0.1	A/M L N/A	Y				
(C) D	Door Casing	0.0	A/M L N/A	Y				
1 (2)	Door Jamb	0.2	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A	Closet Door	0.1	A/M L N/A	Y				
B	Cl Casing	0.0	A/M L N/A	Y				
(C)	Closet Jamb	0.2	A/M L N/A	Y				
D	Closet Walls	0.1	A/M L N/A	Y				
	Cl Baseboard	0.0	A/M L N/A	Y				
(1)	Closet Pole	MET	A/M L N/A	Y				
2	Closet Shelf	0.5	A/M L N/A	Y				
3	Cl Supports	MET	A/M L N/A	Y				
4	Closet Floor	HC	A/M L N/A	Y				
	Closet Ceiling	NA	A/M L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	.	M/I A/M L N/A	Y				
B	Win Apron	.	A/M L N/A	Y				
C	Win Casing	.	A/M L N/A	Y				
D	Header Stop	.	M/I A/M L N/A	Y				
	Int Stops	.	M/I A/M L N/A	Y				
1	Win Int Sash	.	M/I A/M L N/A	Y				
2	Exterior Sill	.	M/I SF L N/A	Y				
3	Part Bead	.	M/I L N/A	Y				
4	Blind Stop	.	M/I SF L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
A	Window Sill		M/I A/M L N/A	Y				
B	Win Apron		A/M L N/A	Y				
C	Win Casing	.	A/M L N/A	Y				
D	Header Stop	.	M/I A/M L N/A	Y				
	Int Stops	.	M/I A/M L N/A	Y				
1	Win Int Sash	.	M/I A/M L N/A	Y				
2	Exterior Sill	.	M/I SF L N/A	Y				
3	Part Bead	.	M/I L N/A	Y				
4	Blind Stop	.	M/I SF L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
A	Window Sill	.	M/I A/M L N/A	Y				
B	Win Apron	.	A/M L N/A	Y				
C	Win Casing	.	A/M L N/A	Y				
D	Header Stop	.	M/I A/M L N/A	Y				
	Int Stops	.	M/I A/M L N/A	Y				
1	Win Int Sash	.	M/I A/M L N/A	Y				
2	Exterior Sill	.	M/I SF L N/A	Y				
3	Part Bead	.	M/I L N/A	Y				
4	Blind Stop	.	M/I SF L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
(A) (B)	Fireplace	NC	A/M L N/A	Y				
C D	Mantle	0.1	A/M L N/A	Y				
A B C D	Win Above 5'	/	A/M L N/A	Y				
	Ceiling Molding	/	A/M L N/A	Y				
		.	A/M L N/A	Y				
		.	A/M L N/A	Y				
		.	A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

*SLIDING DOOR.

Surfaces listed in these boxes can only be made intact by a Deleader

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces

T. Cosco | 4004 | T. Cosco | 08-24-16
Inspector (print) | Lic # | Signature | Date

Risk Assessor (print) | Lic # | Signature | Date
Address of Property: 535 OLD STONE BRK Apt. # — City: ACTON

CONTINUATION OF ROOM (1)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B	Door	0.1	A/M L N/A	Y				
C D	Door Casing	0.0	A/M L N/A	Y				
# 3	Door Jamb	0.1	A/M L N/A	Y				
	Threshold	/	A/M L N/A	Y				
A B	Door	0.2	A/M L N/A	Y				
C D	Door Casing	0.0	A/M L N/A	Y				
# 1	Door Jamb	0.1	A/M L N/A	Y				
	Threshold	/	A/M L N/A	Y				
A B	Door	.	A/M L N/A	Y				
C D	Door Casing	.	A/M L N/A	Y				
#	Door Jamb	.	A/M L N/A	Y				
	Threshold	.	A/M L N/A	Y				
	Closet Door	0.4	A/M L N/A	Y				
A	Cl Casing	0.1	A/M L N/A	Y				
B	Closet Jamb	0.2	A/M L N/A	Y				
C	Closet Walls	0.3	A/M L N/A	Y				
D	Cl Baseboard	0.1	A/M L N/A	Y				
	Closet Pole	/	A/M L N/A	Y				
# 3	Closet Shelf	0.4	A/M L N/A	Y				
	Cl Supports	/	A/M L N/A	Y				
	Cl Drawers	0.1	A/M L N/A	Y				
	Cl Dr Frame	0.2	A/M L N/A	Y				
	Closet Floor	NC	A/M L N/A	Y				
	Closet Ceiling	NP	A/M L N/A	Y				
A B C D	Shlvs Above 5'	.	A/M L N/A	Y				
A B C D	Cab Above 5'	.	A/M L N/A	Y				
A B C D	Cab Above 5'	.	A/M L N/A	Y				
A B	Up Cab Frame	.	A/M L N/A	Y				
C D	Up Cab Door	.	A/M L N/A	Y				
	Up Cab Walls	.	A/M L N/A	Y				
#	Up Cab Shlvs	.	A/M L N/A	Y				
	Supports	.	A/M L N/A	Y				
		.						
		.						
		.						

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
	Low Cab Fram	.	A/M L N/A	Y				
A B	Low Cab Door	.	A/M L N/A	Y				
C D	Low Cab Walls	.	A/M L N/A	Y				
#	Low Cab Shlvs	.	A/M L N/A	Y				
	Supports	.	A/M L N/A	Y				
	Drawers	.	A/M L N/A	Y				
A	Window Sill	.	M/I A/M L N/A	Y				
B	Win Apron	.	A/M L N/A	Y				
C	Win Casing	.	A/M L N/A	Y				
D	Header Stop	.	M/I A/M L N/A	Y				
	Int Stops	.	M/I A/M L N/A	Y				
#	Win Int Sash	.	M/I A/M L N/A	Y				
	Exterior Sill	.	M/I SF L N/A	Y				
	Part Bead	.	M/I L N/A	Y				
	Blind Stop	.	M/I SF L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
A	Window Sill	.	M/I A/M L N/A	Y				
B	Win Apron	.	A/M L N/A	Y				
C	Win Casing	.	A/M L N/A	Y				
D	Header Stop	.	M/I A/M L N/A	Y				
	Int Stops	.	M/I A/M L N/A	Y				
#	Win Int Sash	.	M/I A/M L N/A	Y				
	Exterior Sill	.	M/I SF L N/A	Y				
	Part Bead	.	M/I L N/A	Y				
	Blind Stop	.	M/I SF L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
A B	Fireplace	.	A/M L N/A	Y				
C D	Mantel	.	A/M L N/A	Y				
A B	Sidelight (L)	.	A/M L N/A	Y				
C D	Sidelight (R)	.	A/M L N/A	Y				
A B C D	Win Above 5'	.	A/M L N/A	Y				
A B C D	Win Above 5'	.	A/M L N/A	Y				
		.						
		.						
		.						

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces

T. Cosco | 4004 | J. Costa | 08-24-16
Inspector (print) | Lic # | Signature | Date

Risk Assessor (print) | Lic# | Signature | Date
Address of Property: 535 OLD STONE BRK Apt. # — City: ACTON

BATHROOM # 1

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.2	A/M L N/A	Y				
A B C D	Low Walls	0.0	A/M L N/A	Y				
A B C D	Baseboards	0.1	A/M L N/A	Y				
A B C D	Chair Rail	0.2	A/M L N/A	Y				
A B C D	Radiator	.	A/M L N/A	Y				
	Floor	0.4	A/M L N/A	Y				
	Ceiling	N.P.	A/M L N/A	Y				
A B	Door	0.0	A/M L N/A	Y				
C D	Door Casing	0.1	A/M L N/A	Y				
1 2	Door Jamb	0.1	A/M L N/A	Y				
3 4	Threshold	CON	A/M L N/A	Y				
A B	Door	.	A/M L N/A	Y				
C D	Door Casing	.	A/M L N/A	Y				
1 2	Door Jamb	.	A/M L N/A	Y				
3 4	Threshold	.	A/M L N/A	Y				
A	Closet Door	.	A/M L N/A	Y				
B	Cl Casing		A/M L N/A	Y				
	Closet Jamb		A/M L N/A	Y				
D	Closet Walls	.	A/M L N/A	Y				
	Cl Baseboard	.	A/M L N/A	Y				
1	Closet Pole	.	A/M L N/A	Y				
2	Closet Shelf	.	A/M L N/A	Y				
3	Cl Supports	.	A/M L N/A	Y				
4	Closet Floor	.	A/M L N/A	Y				
	Closet Ceiling	.	A/M L N/A	Y				
A B	Up Cab Frame	NC	A/M L N/A	Y				
C D	Up Cab Door	.	A/M L N/A	Y				
	Up Cab Walls	NC	A/M L N/A	Y				
1 2	Up Cab Shlvs	NC	A/M L N/A	Y				
3 4	Supports		A/M L N/A	Y				
		.	M/I A/M L N/A	Y				
		.	M/I A/M L N/A	Y				
		.	M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
	Low Cab Fram	NC	A/M L N/A	Y				
A B	Low Cab Door	NC/NC	A/M L N/A	Y				
C D	Low Cab Walls	NC	A/M L N/A	Y				
	Low Cab Shlvs	NC	A/M L N/A	Y				
1 2	Supports	.	A/M L N/A	Y				
3 4	Drawers	NC	A/M L N/A	Y				
A	Window Sill	.	M/I A/M L N/A	Y				
B	Win Apron	.	A/M L N/A	Y				
C	Win Casing	.	A/M L N/A	Y				
D	Header Stop	.	M/I A/M L N/A	Y				
	Int Stops	.	M/I A/M L N/A	Y				
1	Win Int Sash		M/I A/M L N/A	Y				
2	Exterior Sill		M/I SF L N/A	Y				
3	Part Bead	.	M/I L N/A	Y				
4	Blind Stop	.	M/I SF L N/A	Y				
	Win Ext Sash		M/I L N/A	Y				
A B C D	Win Above 5'	.	M/I A/M L NA	Y				
A B C D	Ceiling Molding	.	M/I A/M L NA	Y				
A B C D	Medicine Cab	0.4	M/I A/M L NA	Y				
A B C D	Wall C/C	.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 268 SQ. IN.)	IC DATE	IC METHOD

☐ Check the box if this **ROOM** is **RULED OUT** for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces

T. Cosco | 4004 | T. Cosco | 08-24-16
Inspector (print) | Lic # | Signature | Date

P[illegible] Assessor (print) | Lic # | Signature | Date
Address of Property: 535 OLD STOWE BRK Apt. # — City: ACTON

STAIRCASE - 1 FIRST TO SECOND FLOOR

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.2	A/M L N/A	Y				
A B C D	Low Walls	0.2	A/M L N/A	Y				
A B C D	Baseboards	0.1	A/M L N/A	Y				
A B C D	Chair Rail	/	A/M L N/A	Y				
A B C D	Radiator	.	A/M L N/A	Y				
	Floor	COV	A/M L N/A	Y				
	Ceiling	NA	A/M L N/A	Y				
(A) B	Door	0.2	FLR A/M L N/A	Y				
C D	Door Casing	0.1	A/M L N/A	Y				
(1) 2	Door Jamb	0.1	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A (B)	Door	0.2	FLR A/M L N/A	Y				
C D	Door Casing	0.1	A/M L N/A	Y				
(1) 2	Door Jamb	0.1	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A B	Door	0.1	FLR A/M L N/A	Y				
C (D)	Door Casing	0.0	A/M L N/A	Y				
	Door Jamb	0.0	A/M L N/A	Y				
	Threshold	COV	A/M L N/A	Y				
A B	Door	.	A/M L N/A	Y				
C D	Door Casing	.	A/M L N/A	Y				
1 2	Door Jamb	.	A/M L N/A	Y				
3 4	Threshold	.	A/M L N/A	Y				
A B	Door		A/M L N/A	Y				
C D	Door Casing		A/M L N/A	Y				
#	Door Jamb		A/M L N/A	Y				
	Threshold		A/M L N/A	Y				
A	Closet Door		A/M L N/A	Y				
B	Cl Casing		A/M L N/A	Y				
C	Closet Jamb		A/M L N/A	Y				
D	Closet Walls		A/M L N/A	Y				
	Cl Baseboard		A/M L N/A	Y				
1	Closet Pole		A/M L N/A	Y				
2	Closet Shelf		A/M L N/A	Y				
3	Cl Supports		A/M L N/A	Y				
4	Closet Floor		A/M L N/A	Y				
	Closet Ceiling		A/M L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	.	M/I A/M L N/A	Y				
B	Win Apron	.	A/M L N/A	Y				
C	Win Casing	.	A/M L N/A	Y				
D	Header Stop	.	M/I A/M L N/A	Y				
	Int Stops	.	M/I A/M L N/A	Y				
1	Win Int Sash	.	M/I A/M L N/A	Y				
2	Exterior Sill	.	M/I SF L N/A	Y				
3	Part Bead	.	M/I L N/A	Y				
4	Blind Stop	.	M/I SF L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
A	Window Sill	.	M/I A/M L N/A	Y				
B	Win Apron	.	A/M L N/A	Y				
C	Win Casing	.	A/M L N/A	Y				
D	Header Stop	.	M/I A/M L N/A	Y				
	Int Stops	.	M/I A/M L N/A	Y				
1	Win Int Sash	.	M/I A/M L N/A	Y				
2	Exterior Sill	.	M/I SF L N/A	Y				
3	Part Bead	.	M/I L N/A	Y				
4	Blind Stop	.	M/I SF L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
	Newel Post	/	A/M L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	0.0	A/M L N/A	Y				
	Balusters	/	A/M L N/A	Y				
	Lower rail	/	A/M L N/A	Y				
	Treads	COV	A/M L N/A	Y				
	Risers	COV	A/M L N/A	Y				
	Stringer	/	A/M L N/A	Y				
	Floor Edge	COV	A/M L N/A	Y				
	Floor Casing	0.1	A/M L N/A	Y				
		.	M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces

T. Cosco | 4004 | G. Cosco | 08-24-16
Inspector (print) | Lic # | Signature | Date

Risk Assessor (print) | Lic # | Signature | Date
Address of Property: 535 OLD STONE BRK Apt. # — City: ACTON
ROOM # 2

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.2	A/M L N/A	Y				
A B C D	Low Walls	0.1	A/M L N/A	Y				
A B C D	Baseboards	0.1	A/M L N/A	Y				
A B C D	Chair Rail	/	A/M L N/A	Y				
A B C D	Radiator	/	A/M L N/A	Y				
-	Floor	COV	A/M L N/A	Y				
-	Ceiling	NA	A/M L N/A	Y				
A B	Door	0.1	A/M L N/A	Y				
C D	Door Casing	0.0	A/M L N/A	Y				
1 2	Door Jamb	0.2	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A B	Door	0.1	A/M L N/A	Y				
C D	Door Casing	0.0	A/M L N/A	Y				
1 2	Door Jamb	0.2	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A B	Door	.	A/M L N/A	Y				
C D	Door Casing	.	A/M L N/A	Y				
1 2	Door Jamb	.	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A B	Door	.	A/M L N/A	Y				
C D	Door Casing	.	A/M L N/A	Y				
1 2	Door Jamb	.	A/M L N/A	Y				
3 4	Threshold	.	A/M L N/A	Y				
A	Closet Door	0.1	A/M L N/A	Y				
B	Cl Casing	0.2	A/M L N/A	Y				
C	Closet Jamb	0.4	A/M L N/A	Y				
D	Closet Walls	0.4	A/M L N/A	Y				
	Cl Baseboard	0.1	A/M L N/A	Y				
1	Closet Pole	MET	A/M L N/A	Y				
2	Closet Shelf	0.2	A/M L N/A	Y				
3	Cl Supports	0.1	A/M L N/A	Y				
4	Closet Floor	COV	A/M L N/A	Y				
	Closet Ceiling	NA	A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:
SLIDING WINDOWS

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.1	M/I A/M L N/A	Y				
B	Win Apron	0.1	A/M L N/A	Y				
C	Win Casing	0.2	A/M L N/A	Y				
D	Header Stop	0.1	M/I A/M L N/A	Y				
	Int Stops	0.1	M/I A/M L N/A	Y				
1	Win Int Sash	VR	M/I A/M L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	0.0	M/I A/M L N/A	Y				
B	Win Apron	0.2	A/M L N/A	Y				
C	Win Casing	0.1	A/M L N/A	Y				
D	Header Stop	0.0	M/I A/M L N/A	Y				
	Int Stops	0.1	M/I A/M L N/A	Y				
1	Win Int Sash	VR	M/I A/M L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	.	M/I A/M L N/A	Y				
B	Win Apron	.	A/M L N/A	Y				
C	Win Casing	.	A/M L N/A	Y				
D	Header Stop	.	M/I A/M L N/A	Y				
	Int Stops	.	M/I A/M L N/A	Y				
1	Win Int Sash	.	M/I A/M L N/A	Y				
2	Exterior Sill	.	M/I SF L N/A	Y				
3	Part Bead	.	M/I L N/A	Y				
4	Blind Stop	.	M/I SF L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
A B	Fireplace	.	A/M L N/A	Y				
C D	Mantle	.	A/M L N/A	Y				
A B C D	Win Above 5'	.	A/M L N/A	Y				
	Ceiling Molding	.	A/M L N/A	Y				
		.	A/M L N/A	Y				
		.	A/M L N/A	Y				
		.	A/M L N/A	Y				

Surfaces listed in these boxes can only be made intact by a Deleader

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces

T. Cosco | 4004 | T. Cosco | 08-24-16
Inspector (print) | Lic # | Signature | Date

k Assessor (print) | Lic # | Signature | Date
ddress of Property: 535 OLD STONE BRK | Apt. # — | City: ACTON

ROOM # 3

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.1	A/M L N/A	Y				
A B C D	Low Walls	0.3	A/M L N/A	Y				
A B C D	Baseboards	0.2	A/M L N/A	Y				
A B C D	Chair Rail	/	A/M L N/A	Y				
A B C D	Radiator	/	A/M L N/A	Y				
	Floor	COV	A/M L N/A	Y				
	Ceiling	N/A	A/M L N/A	Y				
A (B)	Door	0.1	A/M L N/A	Y				
C D	Door Casing	0.3	A/M L N/A	Y				
(1) 2	Door Jamb	0.2	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A B	Door	0.1	A/M L N/A	Y				
C (D)	Door Casing	0.0	A/M L N/A	Y				
(1) 2	Door Jamb	0.2	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A B	Door	.	A/M L N/A	Y				
C D	Door Casing	.	A/M L N/A	Y				
?	Door Jamb	.	A/M L N/A	Y				
+	Threshold	.	A/M L N/A	Y				
A B	Door		A/M L N/A	Y				
C D	Door Casing	.	A/M L N/A	Y				
1 2	Door Jamb	.	A/M L N/A	Y				
3 4	Threshold	.	A/M L N/A	Y				
A	Closet Door	0.1	A/M L N/A	Y				
(B)	Cl Casing	0.0	A/M L N/A	Y				
C	Closet Jamb	0.2	A/M L N/A	Y				
D	Closet Walls	0.4	A/M L N/A	Y				
	Cl Baseboard	0.1	A/M L N/A	Y				
(1)	Closet Pole	0.7	A/M L N/A	Y				
2	Closet Shelf	0.6	A/M L N/A	Y				
3	Cl Supports	/	A/M L N/A	Y				
4	Closet Floor	COV	A/M L N/A	Y				
	Closet Ceiling	N/A	A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:
* SLIDING WINDOWS.

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
(A)	Window Sill	0.7	M/I A/M L N/A	Y				
B	Win Apron	0.1	A/M L N/A	Y				
C	Win Casing	0.0	A/M L N/A	Y				
D	Header Stop	0.2	M/I A/M L N/A	Y				
	Int Stops	0.1	M/I A/M L N/A	Y				
(1)	Win Int Sash	VR	M/I A/M L N/A	Y				
2	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
(A)	Window Sill	0.7	M/I A/M L N/A	Y				
B	Win Apron	0.0	A/M L N/A	Y				
C	Win Casing	0.2	A/M L N/A	Y				
D	Header Stop	0.1	M/I A/M L N/A	Y				
	Int Stops	0.1	M/I A/M L N/A	Y				
1	Win Int Sash	VR	M/I A/M L N/A	Y				
(2)	Exterior Sill	VR	M/I SF L N/A	Y				
3	Part Bead	VR	M/I L N/A	Y				
4	Blind Stop	/	M/I SF L N/A	Y				
	Win Ext Sash	VR	M/I L N/A	Y				
A	Window Sill	.	M/I A/M L N/A	Y				
B	Win Apron	.	A/M L N/A	Y				
C	Win Casing	.	A/M L N/A	Y				
D	Header Stop	.	M/I A/M L N/A	Y				
	Int Stops	.	M/I A/M L N/A	Y				
1	Win Int Sash	.	M/I A/M L N/A	Y				
2	Exterior Sill	.	M/I SF L N/A	Y				
3	Part Bead	.	M/I L N/A	Y				
4	Blind Stop	.	M/I SF L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
A B	Fireplace	.	A/M L N/A	Y				
C D	Mantle	.	A/M L N/A	Y				
A B C D	Win Above 5'	.	A/M L N/A	Y				
	Ceiling Molding	.	A/M L N/A	Y				
		.	A/M L N/A	Y				
		.	A/M L N/A	Y				
		.	A/M L N/A	Y				

Surfaces listed in these boxes can only be made intact by a Deleader

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces

T. Cosco | 4004 | J. Cosco | 08-24-16
Inspector (print) | Lic # | Signature | Date

Risk Assessor (print) | Lic# | Signature | Date
Address of Property: 535 OLD STOWE BRK Apt. # — City: ACTON

BATHROOM # 2

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.4	A/M L N/A	Y				
A B C D	Low Walls	0.4	A/M L N/A	Y				
A B C D	Baseboards	0.2	A/M L N/A	Y				
A B C D	Chair Rail	0.0	A/M L N/A	Y				
A B C D	Radiator	.	A/M L N/A	Y				
	Floor	0.5	A/M L N/A	Y				
	Ceiling	NA	A/M L N/A	Y				
(A) B	Door	0.1	A/M L N/A	Y				
C D	Door Casing	0.2	A/M L N/A	Y				
(1) 2	Door Jamb	0.2	A/M L N/A	Y				
3 4	Threshold	.	A/M L N/A	Y				
A (B)	Door	0.0	A/M L N/A	Y				
C D	Door Casing	0.1	A/M L N/A	Y				
(1) 2	Door Jamb	0.1	A/M L N/A	Y				
3 4	Threshold	CON	A/M L N/A	Y				
(A)	Closet Door	0.1	A/M L N/A	Y				
B	Cl Casing	0.3	A/M L N/A	Y				
C	Closet Jamb	0.2	A/M L N/A	Y				
D	Closet Walls	0.4	A/M L N/A	Y				
	Cl Baseboard	0.1	A/M L N/A	Y				
(1)	Closet Pole	0.0	A/M L N/A	Y				
2	Closet Shelf	0.1	A/M L N/A	Y				
3	Cl Supports	0.0	A/M L N/A	Y				
4	Closet Floor	0.4	A/M L N/A	Y				
	Closet Ceiling	NA	A/M L N/A	Y				
(A) B	Up Cab Frame	0.3	A/M L N/A	Y				
C D	Up Cab Door	0.3/0.4	A/M L N/A	Y				
	Up Cab Walls	0.3	A/M L N/A	Y				
1 2	Up Cab Shlvs	0.3	A/M L N/A	Y				
3 4	Supports	.	A/M L N/A	Y				
		.	M/I A/M L N/A	Y				
		.	M/I A/M L N/A	Y				
		.	M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
	Low Cab Frame	0.2	A/M L N/A	Y				
(A) B	Low Cab Door	0.3/0.3	A/M L N/A	Y				
C D	Low Cab Walls	0.3	A/M L N/A	Y				
	Low Cab Shlvs	.	A/M L N/A	Y				
1 2	Supports	.	A/M L N/A	Y				
3 4	Drawers	0.2	A/M L N/A	Y				
A	Window Sill	.	M/I A/M L N/A	Y				
B	Win Apron	.	A/M L N/A	Y				
C	Win Casing	.	A/M L N/A	Y				
D	Header Stop	.	M/I A/M L N/A	Y				
	Int Stops	.	M/I A/M L N/A	Y				
1	Win Int Sash	.	M/I A/M L N/A	Y				
2	Exterior Sill	.	M/I SF L N/A	Y				
3	Part Bead	.	M/I L N/A	Y				
4	Blind Stop	.	M/I SF L N/A	Y				
	Win Ext Sash	.	M/I L N/A	Y				
A B C D	Win Above 5'	.	M/I A/M L NA	Y				
A B C D	Ceiling Molding	.	M/I A/M L NA	Y				
A B C D	Medicine Cab	.	M/I A/M L NA	Y				
(A) (B)	Wall O/C	0.1	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				
		.	M/I A/M L NA	Y				

COMMENTS / STRUCTURAL DEFECTS:

EXCLUDED SURFACES: Surfaces listed in these boxes can be made intact only by a licensed deleader.

SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

☐ Check the box if this **ROOM** is **RULED OUT** for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces

T. Cosco | 4004 | [signature] | 08-24-16
Inspector (print) | Lic # | Signature | Date

Assessor (print) | Lic # | Signature | Date
Address of Property: 535 OLD STONE BRK Apt. # — City: ACTON

STAIRCASE – FIRST FLOOR TO BASEMENT / LAUNDRY

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.1	A/M L N/A	Y				
A B C D	Low Walls	NC	A/M L N/A	Y				
A B C D	Baseboards	/	A/M L N/A	Y				
A B C D	Chair Rail	/	A/M L N/A	Y				
A B C D	Radiator	/	A/M L N/A	Y				
-	Floor	NC	A/M L N/A	Y				
-	Ceiling	NA	A/M L N/A	Y				
A B	Door	0.2	F A/M L N/A	Y				
C D	Door Casing	0.1	A/M L N/A	Y				
1 2	Door Jamb	0.2	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A B	Door	.	A/M L N/A	Y				
C D	Door Casing	.	A/M L N/A	Y				
1 2	Door Jamb	.	A/M L N/A	Y				
3 4	Threshold	.	A/M L N/A	Y				
A B	Door		A/M L N/A	Y				
C D	Door Casing		A/M L N/A	Y				
	Door Jamb		A/M L N/A	Y				
	Threshold		A/M L N/A	Y				
A B	Door		A/M L N/A	Y				
C D	Door Casing		A/M L N/A	Y				
1 2	Door Jamb		A/M L N/A	Y				
3 4	Threshold		A/M L N/A	Y				
A B	Door		A/M L N/A	Y				
C D	Door Casing		A/M L N/A	Y				
#	Door Jamb		A/M L N/A	Y				
	Threshold		A/M L N/A	Y				
A	Closet Door		A/M L N/A	Y				
B	Cl Casing		A/M L N/A	Y				
C	Closet Jamb		A/M L N/A	Y				
D	Closet Walls		A/M L N/A	Y				
	Cl Baseboard		A/M L N/A	Y				
1	Closet Pole		A/M L N/A	Y				
2	Closet Shelf		A/M L N/A	Y				
3	Cl Supports		A/M L N/A	Y				
4	Closet Floor		A/M L N/A	Y				
	Closet Ceiling		A/M L N/A	Y				

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill		M/I A/M L N/A	Y				
B	Win Apron		A/M L N/A	Y				
C	Win Casing		A/M L N/A	Y				
D	Header Stop		M/I A/M L N/A	Y				
	Int Stops		M/I A/M L N/A	Y				
1	Win Int Sash		M/I A/M L N/A	Y				
2	Exterior Sill		M/I SF L N/A	Y				
3	Part Bead		M/I L N/A	Y				
4	Blind Stop		M/I SF L N/A	Y				
	Win Ext Sash		M/I L N/A	Y				
A	Window Sill		M/I A/M L N/A	Y				
B	Win Apron		A/M L N/A	Y				
C	Win Casing		A/M L N/A	Y				
D	Header Stop		M/I A/M L N/A	Y				
	Int Stops		M/I A/M L N/A	Y				
1	Win Int Sash		M/I A/M L N/A	Y				
2	Exterior Sill		M/I SF L N/A	Y				
3	Part Bead		M/I L N/A	Y				
4	Blind Stop		M/I SF L N/A	Y				
	Win Ext Sash		M/I L N/A	Y				
	Newel Post	NC	A/M L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	NC	A/M L N/A	Y				
	Balusters	/	A/M L N/A	Y				
	Lower rail	/	A/M L N/A	Y				
	Treads	NC	A/M L N/A	Y				
	Risers	NC	A/M L N/A	Y				
	Stringer	NC	A/M L N/A	Y				
	Floor Edge	CON	A/M L N/A	Y				
	Floor Casing	0.1	A/M L N/A	Y				
			M/I A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

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SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

☐ Check the box if this ROOM is RULED OUT for encapsulation because there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces

T. Cosco | 4004 | T. Cosco | 08-24-16 |

Inspectorr (print) | Lic # | Signature | Date

Risk Assessor (print) | Lic # | Signature | Date

Address of Property: 535 OLD STONE BRK Apt. # — City: ACTON

BASEMENT/LAUNDRY AREA

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
AB CD	Walls	NC	A/M L N/A	Y				
AB CD	Walls	NC	A/M L N/A	Y				
AB CD	Walls		A/M L N/A	Y				
AB CD	Walls		A/M L N/A	Y				
AB CD	Baseboards		A/M L N/A	Y				
AB CD	Chair rails		A/M L N/A	Y				
	Floor	NC	A/M L N/A	Y				
	Ceiling	NC	A/M L N/A	Y				
AB CD	Chimney		A/M L N/A	Y				
AB CD	Support Colum	0.4	X2 A/M L N/A	Y				
A B	Door		A/M L N/A	Y				
C D	Door Casing		A/M L N/A	Y				
1 2	Door Jamb		A/M L N/A	Y				
3 4	Threshold		A/M L N/A	Y				
A B	Door		A/M L N/A	Y				
C D	Door Casing		A/M L N/A	Y				
1 2	Door Jamb		A/M L N/A	Y				
3 4	Threshold		A/M L N/A	Y				
A B	Door		A/M L N/A	Y				
C D	Door Casing		A/M L N/A	Y				
1 2	Door Jamb		A/M L N/A	Y				
3 4	Threshold		A/M L N/A	Y				
AB CD	Cabinets		A/M L N/A	Y				
A B	Benches		A/M L N/A	Y				
C D	Supports		A/M L N/A	Y				
A	Closet Door		A/M L N/A	Y				
B	Cl Casing		A/M L N/A	Y				
C	Closet Jamb		A/M L N/A	Y				
D	Closet Walls		A/M L N/A	Y				
	Cl Baseboard		A/M L N/A	Y				
1	Closet Pole		A/M L N/A	Y				
2	Closet Shelf		A/M L N/A	Y				
3	Cl Supports		A/M L N/A	Y				
4	Closet Floor		A/M L N/A	Y				
	Closet Ceiling		A/M L N/A	Y				

Comments/Structural Defects

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
AB CD	Pipes		A/M L N/A	Y				
AB CD	Sink		A/M L N/A	Y				
AB CD	Drainpipe		A/M L N/A	Y				
AB CD	Serviceboard		A/M L N/A	Y				
A B	Shelves		A/M L N/A	Y				
C D	Supports		A/M L N/A	Y				
A B	Shelves		A/M L N/A	Y				
C D	Supports		A/M L N/A	Y				
A B	Shelves		A/M L N/A	Y				
C D	Supports		A/M L N/A	Y				
	Window frame		M/I A/M L N/A	Y				
A B	Window Sash		M/I A/M L N/A	Y				
C D	Exterior Sill		M/I A/M L N/A	Y				
1 2	Part Bead		M/I A/M L N/A	Y				
3 4	Win Ext Sash		M/I A/M L N/A	Y				
	Window frame		M/I A/M L N/A	Y				
A B	Window Sash		M/I A/M L N/A	Y				
C D	Exterior Sill		M/I A/M L N/A	Y				
1 2	Part Bead		M/I A/M L N/A	Y				
3 4	Win Ext Sash		M/I A/M L N/A	Y				
	Window frame		M/I A/M L N/A	Y				
A B	Window Sash		M/I A/M L N/A	Y				
C D	Exterior Sill		M/I A/M L N/A	Y				
1 2	Part Bead		M/I A/M L N/A	Y				
3 4	Win Ext Sash		M/I A/M L N/A	Y				
	Window frame		M/I A/M L N/A	Y				
A B	Window Sash		M/I A/M L N/A	Y				
C D	Exterior Sill		M/I A/M L N/A	Y				
1 2	Part Bead		M/I A/M L N/A	Y				
3 4	Win Ext Sash		M/I A/M L N/A	Y				
	Newel Posts		A/M L N/A	Y				
A B	Handrail		A/M L N/A	Y				
C D	Balusters		A/M L N/A	Y				
1 2	Lower rail		A/M L N/A	Y				
3 4	Treads		A/M L N/A	Y				
	Risers		A/M L N/A	Y				
	Stringer		A/M L N/A	Y				
AB CD	Oil Tank		L N/A	Y				

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SIDE	LOCATION	MEASURE: LOOSE PAINT (MORE THAN 288 SQ. IN.)	IC DATE	IC METHOD

☐ Check the box if this **ROOM is RULED OUT** for encapsulation becaus there are 3 or more surfaces with adhesion problems and/or 3 or more loose A/M surfaces

T. Cosco	4004	C. Cosco	08-24-16
Inspector (print)	Lic #	Signature	Date

Assessor (print)	Lic#	Signature	Date

Address of Property: 535 OLD STOWE BRK Apt. # — City: ACTON

EXTERIOR A Side

SIDE A	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Siding	0.0 HC	L N/A	Y				
	Corner Boards	/	L N/A	Y				
	Lower Trim	/	L N/A	Y				
	Upper Trim	NA	L N/A	Y				
	Win Above 5'	NA	L N/A	Y				
	Porch Above 5'	/	L N/A	Y				
	Storm Door	0.2	A/M L N/A	Y				
	Door	0.1	A/M L N/A	Y				
(3)	Door Casing	0.2	A/M L N/A	Y				
(1) 2	Door Jamb	0.1	A/M L N/A	Y				
3 4	Threshold	0.0	A/M L N/A	Y				
	Kickplate	0.1	A/M L N/A	Y				
	Storm Door	0.2	A/M L N/A	Y				

SIDE A	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A #	Window Sill	.	A/M L N/A	Y				
	Win Casing	.	A/M L N/A	Y				
	Window Sash	.	A/M L N/A	Y				
A #	Cellar Win Sill	.	A/M L N/A	Y				
	Cel Win Sash	.	A/M L N/A	Y				
	Cel Win Frame	.	A/M L N/A	Y				
	Screen Frame	.	A/M L N/A	Y				
A #	Cellar Win Sill	.	A/M L N/A	Y				
	Cel Win Sash	.	A/M L N/A	Y				
	Cel Win Frame	.	A/M L N/A	Y				
	Screen Frame	.	A/M L N/A	Y				
A	Cellar Win Sill	.	A/M L N/A	Y				
	Cel Win Sash		A/M L N/A	Y				