CITY OF NEWTON

PURCHASING DEPARTMENT

CONTRACT FOR NEWTON COMMUNITY DEVELOPMENT AUTHORITY

PROJECT MANUAL:

Elizabeth Porter
159 Charlesbank Road
Newton, Massachusetts

INVITATION FOR BID #15-53

MANDATORY Pre-Bid Meeting: January 22, 2015 at 10:30 a.m.

Bid Opening Date: February 5, 2015 at 11:00 a.m.

JANUARY 2015

Setti D. Warren, Mayor

CITY OF NEWTON

PURCHASING DEPARTMENT

INVITATION FOR BID #15-53

The City of Newton (City) invites sealed bids for rehabilitation and de-leading from Contractors for the benefit of Elizabeth Porter (Applicant), with respect to Applicant's property located at 159 Charlesbank Road , Newton MA (Property). It is understood that, while the City is responsible for this procurement, contracts awarded, one for rehabilitation (Rehab Contract) and one for de-leading (De-Leading Contract), will be between the Applicant and the Contractor, and that upon execution of the contracts between the Applicant and the Contractor, that neither the Newton Community Development Authority (Authority) nor the City shall have any liability to either of them, for any reason whatsoever.

The contract is for the following purposes:

Renovations to and De-leading of the Property as set forth in the Specs By Location/Trade attached as Attachment A (Project)

MANDATORY Pre-Bid Meeting: **10:30 a.m., Thursday, January 22, 2015**
located at site: 159 Charlesbank Road, Newton, MA
Bids will be received until: **11:00 a.m. , Thursday, February 5, 2015**
at the Purchasing Department, Room 201, Newton City Hall, 1000 Commonwealth Ave., Newton, MA 02459. As soon as practicable following the deadline for bids, all bids received within the time specified will be publicly opened and read aloud.

All materials related to this bid (Contract Documents) will be available on line at **www.newtonma.gov/bids** or for pickup at Newton City Hall, Room 201, Purchasing Department, 1000 Commonwealth Avenue, Newton Centre, MA 02459 after **10:00 a.m., January 15, 2015. This a MANDATORY walk through of the work site to be held on January 22, 2015 at 10:30 a.m., or at such other date and time as the City shall specify in an email notice to all Bidders of record.**

There will be no charge for contract documents.

Bid surety is not required with this bid.

Only contractors qualified holding a Bidder Qualification Certificate are eligible to submit bids hereunder. A bidder may become qualified by submitting an application with the required documentation. Application instructions are included at the end of this bid solicitation. The application may be submitted with the bid.

Award will be made to the responsible, and responsive bidder offering the lowest total price for the Rehab and De-Leading Contracts. Any bidder not providing prices for all line items may be deemed unresponsive and therefore rejected. **Provision of services is required to start upon the execution of this contract.** The dollar value of the contract may not be increased by an amount more than twenty five percent (25%) of the contract total.

The term of the awarded contract **shall extend from the time of execution for approximately sixty (60) days or until the Project is finished.**

All bids shall be governed by the terms and conditions set forth in this IFB. Any supplies subject to the bid shall be delivered F.O.B. Destination at the Property.

All bids shall be submitted as **one (1) ORIGINAL and two (2) COPIES.**

All City bids are available on the City's web site at **www.newtonma.gov/bids**. It is the sole responsibility of the contractors downloading these bids to ensure they have received any and all addenda prior to the bid opening. Addenda will be available online within the original bid document as well as a separate file. If you download bids from the internet site and would like to make it known that your company has done so, you may fax the Purchasing Department (617) 796-1227 or email to **purchasing@newtonma.gov** with your NAME, ADDRESS, PHONE, FAX AND INVITATION FOR BID NUMBER.

The City will reject any and all bids in accordance with the above referenced General Laws. In addition, the City reserves the right to waive minor informalities in any or all bids, or to reject any or all bids (in whole or in part) if it be in the public interest to do so.

CITY OF NEWTON

Nicholas Read
Chief Procurement Officer
January 15, 2015

CITY OF NEWTON

DEPARTMENT OF PURCHASING

INSTRUCTIONS TO BIDDERS

ARTICLE 1 - BIDDER'S REPRESENTATION

1.1 Each General Bidder (hereinafter called the "Bidder") by making a bid (hereinafter called "bid") represents that:

1. The Bidder has read and understands the Contract Documents and the bid is made in accordance therewith.

2. The Bidder has attended the mandatory walk through at the work site on January 22, 2015 and is familiar with the local conditions for which the services are being procured.

1.2 Failure to so examine the Contract Documents will not relieve any Bidder from any obligation under the bid as submitted.

ARTICLE 2 - REQUEST FOR INTERPRETATION

2.1 Bidders shall promptly notify the City of any ambiguity, inconsistency, or error which they may discover upon examination of the Contract Documents, the site, and local conditions.

2.2 Bidders requiring clarification or interpretation of the Contract Documents shall make a written request to the *Chief Procurement Officer*, at **purchasing@newtonma.gov** or via facsimile (617) 796-1227. The City will only answer such requests if received by **January 30, 2015 at 12:00 noon.**

2.3 Interpretation, correction, or change in the Contract Documents will be made by addendum which will become part of the Contract Documents. The City will not be held accountable for any oral communication.

2.4 Addenda will be emailed to every individual or firm on record as having taken a set of Contract Documents.

2.5 Copies of addenda will be made available for inspection at the location listed in the Invitation for Bids where Contract Documents are on file, in addition to being available online at **www.newtonma.gov/bids**.

2.6 Bidders contacting ANY CITY EMPLOYEE regarding an Invitation for Bid (IFB) outside of the Purchasing Department, once an IFB has been released, may be disqualified from the procurement process.

2.7 Bidders downloading information off the internet web site are solely responsible for obtaining any addenda prior to the bid opening. If the bidder makes itself known to the Purchasing Department, at purchasing@newtonma.gov or via facsimile (617) 796-1227, it shall be placed on the bidder's list. Bidders must provide the Purchasing Department with their company's name, street address, city, state, zip, phone, fax, email address and **INVITATION FOR BID #15-53**.

ARTICLE 3 – PRIVATE CONTRACT

The IFB is administered by the City of Newton and its Community Development Authority. However, the resulting contracts will be between the Applicant and the contractor selected as the lowest responsive and responsible bidder. Even though funds are provided through the Authority, as the parties to the contracts will be private persons, the contracts shall not be deemed to be a public contract.

ARTICLE 4 - PREPARATION AND SUBMISSION OF BIDS

4.1 Bids shall be submitted on the "Bid Form" as appropriate, furnished by the City.

4.2 All entries on the Bid Form shall be made by typewriter or in ink.

4.3 Where so indicated on the Bid Form, sums shall be expressed in both words and figures. Where there is a discrepancy between the bid sum expressed in words and the bid sum expressed in figures, the words shall control.

4.4 The Bid shall be enclosed in a sealed envelope with the following plainly marked on the outside:

* GENERAL BID FOR: **#15-53**
* NAME OF PROJECT: **Elizabeth Porter, 159 Charlesbank Road, Newton, MA**
* BIDDER'S NAME, BUSINESS ADDRESS, AND PHONE NUMBER
* BIDDER QUALIFICATIONS CERTIFICATE
* NEW CONTRACTOR APPLICATION (if applicable)

4.5 Date and time for receipt of bids is set forth in the IFB.

4.6 Timely delivery of a bid at the location designated shall be the full responsibility of the Bidder.

4.7 Bids shall be submitted with one (1) **original** and two (2) **copies.**

ARTICLE 5 - ALTERNATES

5.1 Each Bidder shall acknowledge alternates (if any) in Section C on the Bid Form.

5.2 In the event an alternate does not involve a change in the amount of the base bid, the Bidder shall so indicated by writing "No Change", or "N/C" or "0" in the space provided for that alternate.

5.3 Bidders shall enter on the Bid Form a single amount for each alternate which shall consist of the amount for work performed by the Contractor.

5.4 The low Bidder will be determined on the basis of the sum of the base bid and the accepted alternates.

ARTICLE 6 - WITHDRAWAL OF BIDS

6.1 Any bid may be withdrawn prior to the time designated for receipt of bids on written or telegraphic request. Telegraphic withdrawal of bids must be confirmed over the Bidder's signature by written notice postmarked on or before the date and time set for receipt of bids.

6.2 Withdrawn bids may be resubmitted up to the time designated for the receipt of bids.

6.3 No bids may be withdrawn within sixty (60) days, Saturdays, Sundays and legal holidays excluded, after the opening of the bids.

ARTICLE 7 - CONTRACT AWARD

7.1 The City will, on behalf of the Applicant, award the contracts to the one (1) contractor who is responsive and responsible and offers the lowest aggregate price for the Rehab and De-Leading Contracts. The award will be made within sixty (60) days (Saturdays, Sundays, and legal holidays excluded) after the opening of bids.

7.2 The City reserves the right to waive any informalities in or to reject any or all Bids if it be in the public interest to do so. While it is the intent of the City that this procurement follow as closely as possible the requirements of M.G.L. c.30B, it is not required to do so and it may therefore waive any requirements of that statute or this IFB as it deems necessary or appropriate.

7.3 The City reserves the right to reject any bidder who has failed to pay any local taxes, fees, assessments, betterments, or any other municipal charge, unless the bidder has a pending abatement application or has entered into a payment agreement with the collector-treasurer.

7.4 As used herein, the term "lowest responsible and responsive Bidder" shall mean the Bidder (1) whose bid is the lowest of those bidders possessing the skill, ability and integrity necessary for the faithful performance of the work; (2) who has met all the requirements of the invitation for bids; (3) who shall certify that he is able to furnish labor that can work in harmony with all other elements of labor employed or to be employed in the work; and (4) holds a Bidder Qualification Certificate as issued by the City in accordance with the application instructions included in with this IFB.

7.5 Subsequent to identifying the lowest responsive and responsible bidder, and within five (5) days, Saturday, Sundays and legal holidays excluded, after the prescribed forms are presented for signature, the successful Bidder and the Applicant shall execute and deliver to the City a contract in such number of counterparts as the City may require.

7.6 In the event that the City receives low bids in identical amount from two or more responsive and responsible Bidders, the City shall select the successful Bidder by a blind selection process such as flipping a coin or drawing names from a hat. The low Bidders who are under consideration will be invited to attend and observe the selection process.

ARTICLE 8 - TAXES

8.1 Bidder shall include in this bid any tax imposed upon the sale or rental of tangible personal property in this Commonwealth, such as any and all building materials, supplies, services and equipment required to complete the work.

8.2 As the Applicant is a private person, there is no exemption from payment of the Massachusetts Sales Tax.

ARTICLE 9 – FEDERAL HOUSING ASSISTANCE REQUIREMENTS

Funds for the construction services procured hereby are provided through the federal programs designed to provide assistance to low and moderate income homeowners. Based on the amount of the contract, the Contractor will have to comply with one or more of the requirements of 24 CFR 135 of Section 3 of the Housing and Urban Development Act of 1968, 12 U.S.C. §17010.

END OF SECTION

CITY OF NEWTON

DEPARTMENT OF PURCHASING

BID FORM #15-53

A. The undersigned proposes to furnish all labor, materials, tools, equipment, transportation and supervision required to perform all work in accordance with the Project Manual to the Applicant named therein entitled:

Elizabeth Porter
159 Charlesbank Road
Newton, Massachusetts

B. This bid includes addenda number(s) _____, _____, _____, _____,

C. The contract price(s) will be per attached Attachment A, Specs By Location/Trade.

(The IFB provides for no alternate bids.)

(Grand Total which is the sum of the bids for the Rehab Contract (p. 30) and the De-Leading Contract (p. 40) from Attachment A, Specs By Location/Trade must be placed here)

_____ **and $** _____
(Written word) ***(Numerical)***

Grand Total (From execution of the contract through completion of the Project)

IMPORTANT: Award will be made to the lowest responsive and responsible bidder based on the Grand Total.

COMPANY NAME _____

D. Prompt Payment Discounts. Bidders are encouraged to offer discounts in exchange for an expedited payment. Payments may be issued earlier than the general goal of within 30 days of receipt of the invoice only when in exchange for discounted prices. Discounts will not be considered in determining the lowest responsible bidder.

Prompt Payment Discount _____%_____Days
Prompt Payment Discount_____%_____ Days
Prompt Payment Discount _____%_____Days

E. The undersigned has completed and submits herewith the following documents:

- ☐ Signed Bid Form, 2 pages
- ☐ Attachment A, Specs By Location/Trade rehab = 9 pages and Lead = 10 pages, Lead report = 27 pages.
- ☐ Bidder's Qualifications and References Form, 2 pages
- ☐ Certificate of Non-Collusion, 1 page
- ☐ Certification of Tax Compliance, 1 page
- ☐ Bidder's Qualifications Certificate, 1 page
- ☐ New Contractor Application, 2 pages (if applicable)

F. The undersigned agrees that, if selected as general contractor, s/he will within five days (Saturdays, Sundays and legal holidays excluded) after presentation thereof by the City, execute a contract with the Applicant in accordance with the terms of this bid.

The undersigned hereby certifies that it will comply fully with all laws and regulations applicable to awards made subject to M.G.L. c.30B.

The undersigned further certifies under the penalties of perjury that this bid has been made and submitted in good faith and without collusion or fraud with any other person. As used in this section the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals. The undersigned further certifies under penalty of perjury that the said undersigned is not presently debarred from public contracting or subcontracting in the Commonwealth under the provisions of M.G.L. c.29, §29F or any other applicable debarment provisions of any other chapter of the General Laws or any rule or regulation promulgated thereunder.

Date _____

_____
(Name of General Bidder)

BY: _____

_____
(Printed Name and Title of Signatory)

_____
(Business Address)

_____
(City, State Zip)

_____/_____
(Telephone) (FAX)

_____
(E-mail Address)

NOTE: If the bidder is a corporation, indicate state of incorporation under signature, and affix corporate seal; if a partnership, give full names and residential addresses of all partners; if an individual, give residential address if different from business address; and, if operating as a d/b/a give full legal identity. Attach additional pages as necessary.

END OF SECTION

CITY OF NEWTON

BIDDER'S QUALIFICATIONS AND REFERENCES FORM

All questions must be answered, and the data given must be clear and comprehensive. Please type or print legibly. If necessary, add additional sheet for starred items. This information will be utilized by the City for purposes of determining bidder responsiveness and responsibility with regard to the requirements and specifications of the Contract.

1. FIRM NAME: _____

2. WHEN ORGANIZED: _____

3 INCORPORATED? _____ YES _____ NO DATE AND STATE OF INCORPORATION: _____

4. IS YOUR BUSINESS A **MBE**? _____YES _____NO **WBE**? _____YES _____NO or **MWBE**? _____YES _____NO

* 5. LIST ALL CONTRACTS CURRENTLY ON HAND, SHOWING CONTRACT AMOUNT AND ANTICIPATED DATE OFCOMPLETION:

_____
_____
_____
_____
_____

* 6. HAVE YOU EVER FAILED TO COMPLETE A CONTRACT AWARDED TO YOU?
_____ YES _____ NO
IF YES, WHERE AND WHY?

_____
_____

* 7. HAVE YOU EVER DEFAULTED ON A CONTRACT? _____ YES _____ NO
IF YES, PROVIDE DETAILS.

_____
_____

* 8. LIST YOUR VEHICLES/EQUIPMENT AVAILABLE FOR THIS CONTRACT:

_____
_____
_____
_____
_____
_____
_____

* 9. IN THE SPACES FOLLOWING, PROVIDE INFORMATION REGARDING CONTRACTS COMPLETED BY YOUR FIRM SIMILAR IN NATURE TO THE PROJECT BEING BID. A MINIMUM OF FOUR (4) CONTRACTS SHALL BE LISTED. PUBLICLY BID CONTRACTS ARE PREFERRED, BUT NOT MANDATORY.

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____

DOLLAR AMOUNT: $ _____ DATE COMPLETED: _____
PUBLICLY BID? _____YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: ____)_____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____
DOLLAR AMOUNT: $ _____ DATE COMPLETED: _____
PUBLICLY BID? _____YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #: (____)_____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____
DOLLAR AMOUNT: $ _____ DATE COMPLETED: _____
PUBLICLY BID? _____YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON:_____ TELEPHONE #: (____)_____
CONTACT PERSON'S RELATION TO PROJECT?:_____
(i.e., contract manager, purchasing agent, etc.)

PROJECT NAME: _____
OWNER: _____
CITY/STATE: _____
DOLLAR AMOUNT: $ _____ DATE COMPLETED: _____
PUBLICLY BID? _____YES _____ NO
TYPE OF WORK?: _____
CONTACT PERSON: _____ TELEPHONE #:(____)_____
CONTACT PERSON'S RELATION TO PROJECT?: _____
(i.e., contract manager, purchasing agent, etc.)

10. The undersigned certifies that the information contained herein is complete and accurate and hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the City in verification of the recitals comprising this statement of Bidder's qualifications and experience.

DATE: _____ BIDDER: _____

SIGNATURE: _____

PRINTED NAME: _____ TITLE: _____

END OF SECTION

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee club, or other organization, entity, or group or individuals.

_____
(Signature of individual)

_____
Name of Business

CITY OF NEWTON, MASSACHUSETTS

PURCHASING DEPARTMENT

GENERAL TERMS AND CONDITIONS

1. The right is reserved to reject any and all bids, to waive informalities, and to make award as may be determined to be in the best interest of the City or the Applicant.

2. Interpretation, correction, or change in the Contract Documents will be made by Addendum which will become part of the Contract Documents. Neither the City nor the Applicant will be held accountable for any oral representation that is inconsistent with the terms of the Contract Documents.

3. Addenda will be emailed to every individual or firm on record as having downloaded a set of Contract Documents. Addenda will also be posted on the City's website at: **www.newtonma.gov/bids** . Any bidder downloading the IFB and any plans for a City bid shall email their company's information along with the IFB Number and Project Title that they downloaded. You will then be added to the bidder's list and email distribution list.

4. Prices quoted must include inside delivery to the destination specified on the Purchase Order.

5. No charges will be allowed for packing, crating, freight, Express or cartage unless specifically stated and included in the bid.

6. The award to the successful bidder may be cancelled if successful bidder shall fail to prosecute the work with promptness and diligence.

7. Time in connection with discount offered will be computed from the date of delivery, as specified on purchase order, or from date correct invoice is received, if the latter date is later than the date of delivery.

8. The successful bidder shall replace, repair or make good, without cost to the City or the Applicant, any defects or faults arising within one (1) year after date of acceptance of articles furnished hereunder (acceptance not to be unreasonably delayed) resulting from imperfect or defective work done or materials furnished by the Contractor.

9. The Contractor shall indemnify and save harmless the City, the Applicant, and all persons acting for on behalf of either of them from all suits and claims against them, or any of them, arising from or occasioned by the use of any material, equipment or apparatus, or any part thereof, which infringes or is alleged to infringe on any patent rights. In case such material, equipment or apparatus, or any part thereof, in any such suit is held to constitute infringement, the Contractor, within a reasonable time, will at it's expense, and as the City or Applicant may elect, replace such material, equipment or apparatus with non-infringing material, equipment or apparatus, or remove the material, equipment or apparatus, and refund the sums paid therefor.

10. All bids shall be based on the quantities set forth on the attached bid sheets. These quantities shall be used as a basis for the comparison of the bid proposals. It is agreed that the quantities given in this bid are assumed solely as a basis for the comparison of the bids. While the quantities are based on best estimates of the work to be performed during the term of this Contract, the City and the Applicant do not expressly or by implication agree that the actual amount of work will even approximately correspond herewith, and the they reserve the right to increase or diminish the amount of any class or portion of the work as it may deem necessary, without change of price per unit of quantity.

11. The successful bidder shall comply with all applicable Federal State and Local laws and regulations.

12. Purchases may be exempt from Federal excise taxes and bid prices must exclude any such taxes. Tax exemption certificates will be furnished upon request.

13. If so stated in the IFB the successful bidder will be required to furnish a performance and/or a labor and material payment bond, in an amount, in a form and with a surety satisfactory to the City. The bidder shall be responsible for the cost of the bond(s).

14. If the IFB requires bid surety, this surety shall be in the form of a cash, bid bond, cashier's check, treasurer's check, or certified check on a responsible bank, payable to the City of Newton, and must be filed with the original bid in the Office of the Purchasing Agent. Failure to do so will lead to rejection of bid. The bid surety will be returned to the successful bidder

within seven (7) days execution of awarded, and approval by the City of performance and/or payment bond(s). In case of default, the bid surety shall be forfeited to the City.

15. Verbal orders are not binding on the City or the Applicant and deliveries made or work done without formal Purchase Order or Contract are at the risk of the Contractor and may result in an unenforceable claim.

16. The Contractor shall agree to indemnify, defend and hold the City and Applicant harmless from any and all claims arising out of the performance of this contract.

17. "Or equal "- An item equal to that named or described in the specifications of the contract may be furnished by the Contractor and the naming of any commercial name, trademark or other identification shall not be construed to exclude any item or manufacturer not mentioned by name or as limiting competition but shall establish a standard of equality only. An item shall be considered equal to the item so named or described if (1) it is at least equal in quality, durability, appearance, strength and design; (2) it will perform at least equally the function imposed by the general design for the work being contracted for or the material being purchased; and (3) it conforms substantially, even with deviations, to the detailed requirements for the item in the specifications. The name and identification of all materials other than the one specifically named shall be submitted to the City in writing for approval, prior to purchase, use or fabrication of such items. Subject to the provisions of M.G.L., Ch. 30, Sec. 39M, approval shall be at the sole discretion of the City, shall be in writing to be effective, and the decision of the City shall be final. The City may require tests of all materials so submitted to establish quality standards at the Contractor's expense. All directions, specifications and recommendations by manufacturers for installation, handling, storing, adjustment and operation of their equipment shall be complied with; responsibility for proper performance shall continue to rest with the Contractor.

    For the use of material other than the one specified, the Contractor shall assume the cost of and responsibility for satisfactorily accomplishing all changes in the work as shown. If no manufacturer is named, the Contractor shall submit the product he intends to use for approval of the Applicant.

    Except as otherwise provided for by the provisions of M.G.L. c30, §39J, the Contractor shall not have any right of appeal from the decision of the Applicant rejecting any materials furnished if the Contractor fails to obtain the approval for substitution under this clause. If any substitution is more costly, the Contractor shall pay for such costs.

18. In the event that the City receives low bids in identical amount from two or more responsive and responsible Bidders, the City shall select the successful Bidder by a blind selection process such as flipping a coin or drawing names from a hat. The low Bidders who are under consideration will be invited to attend and observe the selection process.

19. Right To Know:

    Any Contractor who receives an order or orders resulting from this invitation agrees to submit a Material Safety Data Sheet (MSDS) for each toxic or hazardous substance or mixture containing such substance, pursuant to M.G.L. c.111F, §§8, 9 and 10 and the regulations contained in 441 CMR §21.06 when deliveries are made. The Contractor agrees to deliver all containers properly labeled pursuant to M.G.L. c.111F, §7 and the regulations contained in 441 CMR §21.05. Failure to submit an MSDS and/or label on each container will place the Contractor in noncompliance with the purchase order. Failure to furnish MSDSs and/or labels on each container may result in civil or criminal penalties, including bid debarment and action to prevent the Contractor from selling said substances or mixtures containing said substances within the Commonwealth. All Contractors furnishing substances or mixtures subject to M.G.L. c.111F are cautioned to obtain and read the law and rules and regulations referred to above. Copies can be obtained from the State House Book Store, Secretary of State, State House, Room 117, Boston, MA 02133, (617-727-2834) for $2.00 plus $.65 postage.

20. Funds for the construction services procured hereby are provided through the federal programs designed to provide assistance to low and moderate income homeowners. Based on the amount of the contract, the Contractor will have to comply with one or more of the requirements of 24 CFR 135 of Section 3 of the Housing and Urban Development Act of 1968, 12 U.S.C. §17010.

FAILURE TO COMPLY WITH ALL APPLICABLE TERMS AND CONDITIONS COULD RESULT IN THE CANCELLATION OF YOUR CONTRACT

CONTRACT FORMS

The awarded bidder will be required to complete and submit documents substantially similar in form to the following.

These forms may need to be modified on account of changed circumstances, and are provided for informational purposes only.

NEWTON HOUSING REHABILITATION PROGRAM

OWNER CONTRACTOR AGREEMENT

THIS AGREEMENT made as of this ____ day of _____ by and between _____ (hereinafter the "**Contractor**"), and **_____,** (hereinafter the "**Owner**"), of **_____.**

WHEREAS, the Owner desires to engage the Contractor in rehabilitation work to _____ using financial assistance in the form of federal Community Development Block Grant funds provided by the Newton Community Development Authority, an organization duly constituted under Chapter 705 of the Acts of 1975, as amended acting by and through its Housing Program Manager and/or her designated staff but without personal liability to her or her staff (hereinafter the "**NCDA**"); and

WHEREAS, the Contractor has 60 days from the date the Housing Rehabilitation Construction Manager issues a Notice to Proceed or _____ to complete project funded work.

NOW, THEREFORE, the parties do mutually agree as follows:

1. Employment of Contractor.

The Owner hereby engages the Contractor to perform the services and supply the materials hereinafter set forth.

2. Scope of Services.

The Contractor shall perform all the services and furnish all the material necessary to make the improvements described in this Agreement for the aforesaid property.

3. Improvements.

The improvements to be made and/or constructed by the Contractor are set forth in **Exhibit A**, **Work Write Up dated _____** attached hereto and specifically incorporated by reference herein.

4. Time for Performance.

The Contractor has ten (10) calendar days from the date the Notice to Proceed is issued to begin project work. All project work to be performed by the Contractor shall be completed in accordance with the approved **Work Write Up dated _____, Exhibit A**, attached hereto and specifically incorporated by reference herein, and provided to the Newton Housing Rehabilitation Program staff from the Contractor.

5. NCDA as Agent of the Owner; Notice to Proceed.

(a) The Contractor agrees and understands that the Owner has designated the NCDA and its staff as agent of the Owner in the administration of this Construction Agreement, including the issuance of any orders and changes, inspection of work, resolution of disputes, and processing of payment.

(b) The Contractor shall not commence work until receiving a written Notice to Proceed signed by the NCDA. The Notice to Proceed shall be issued not more than ten (10) days from the Contract Date of this Agreement.

6. Subcontractors.

The Contractor shall not be required to employ any Subcontractor against whom he has a reasonable objection. The Contractor agrees that he is fully responsible to the Owner for the acts and omissions of his Subcontractors and of persons either directly or indirectly employed by him. Nothing contained in the Agreement documents shall create any contractual rights or obligations between any Subcontractor and the Owner and/or the NCDA. The Contractor shall submit to the NCDA a complete list of Subcontractors, upon request.

7. Insurance and Indemnification.

The Contractor shall maintain such insurance as will protect him from claims under Workmen's Compensation Acts and other employee benefits acts, from claims for damages because of bodily injury, including death, and from claims for damages to property which may arise both out of and during operations under this Agreement, whether such operations be by himself or by any subcontractor or anyone directly or indirectly employed by either of them. General liability insurance protecting the Owner and the NCDA shall be written for not less than $500,000 per occurrence for bodily injury to persons and not less than $500,000 per occurrence for property damage. Certificates of insurance shall be filed with the NCDA prior to the commencement of work.

The Contractor shall defend, indemnify and hold harmless the Owner, the NCDA, and the City of Newton, and their respective officers and employees, from liability and claim for damages because of bodily injury, death, sickness, disease, property damage or loss and expense arising in whole or in part from any act or omission of the contractor, his sub contractor(s), or the employees, agents, or independent contractor(s) of either of them regardless of whether it is caused in part by any party indemnified hereunder from Contractor's operations under this Contract.

8. Changes.

All changes to this Agreement and Work Write Up shall be mutually agreed to in writing signed by the parties. Any changes not signed by all the parties to this Agreement shall be null and void.

9. Waiver of Liens.

The Contractor shall submit to the NCDA a waiver of all mechanics and material liens prior to final payment of the consideration set forth herein.

10. Compensation.

The Owner agrees to compensate the Contractor in the Compensation Amount of _____ for the services and the materials to be provided herein. **The City of Newton through the Newton Community Development Authority will provide a total of _____ to the Contractor for the satisfactory performance of work.**

11. Workmanship.

The work provided hereunder by the Contractor shall be executed as directed by the Work Write Up in the most sound, workmanlike and substantial manner; and all materials used in the construction, rehabilitation, renovating, remodeling, and improving shall be new unless otherwise expressly set forth in the specifications.

12. Defects after Completion.

The Contractor shall guarantee the work performed for a period of twelve (12) months from the date of final acceptance of all work required by the Agreement. Furthermore, the Contractor shall furnish the Owner, in care of the NCDA, with all manufacturers' and suppliers' written guarantees and warranties covering materials and equipment furnished under the Agreement. Any defects that appear within this twelve (12) month period and arise out of defective or improper materials or workmanship shall, upon direction of the Owner or NCDA, be corrected and made good by the Contractor at his expense.

13. Inspection of Work.

The NCDA shall at all times have access to the work. If the specifications, plans, instructions, laws, ordinances, or any public authority requires any work to be specifically inspected, tested or approved, the Contractor shall give the NCDA timely notice of its readiness for inspection and, if the inspection is by an authority other than the NCDA, the time fixed for such inspection. Inspections by the NCDA shall be promptly made. If any work should be covered up without approval or consent of the NCDA, it must, if required by the NCDA, be uncovered for examination at the Contractor's expense. If such work should be found not in accordance with this Agreement, including any incorporated plans and specifications, the Contractor shall pay costs of correcting the defective work; provided, however, if the Contractor can show that the defect was not caused by him or his subcontractors, then in that event, the Owner shall pay the cost of remedying such work.

14. Permits and Licenses.

All permits and licenses necessary for the completion and execution of the work shall be secured and paid for by the Contractor. If the Contractor observes that any drawings, plans and/or specifications are at variance with applicable laws, rules, ordinances, and/or regulations bearing on the conduct of the work, he shall promptly notify the NCDA in writing. Any necessary changes in project work shall be adjusted as provided for Section 8 of this Agreement. If the Contractor knowingly performs work contrary to such laws, ordinances, etc. and without notice to the NCDA, he shall bear all costs arising therefrom. All work shall be performed in conformance with applicable local codes and requirements whether or not covered by the specifications and drawings for the work.

15. Disputes.

All claims or disputes or matters in question between the Owner and Contractor arising out of, or relating to this Agreement or the breach thereof will be decided by arbitration in accordance with the Construction Industry Arbitration Rules of the American Arbitration Association then obtaining or other alternative forms of dispute resolution or mediation acceptable to both parties, unless the parties mutually agree otherwise

No demand for arbitration of any such claim, dispute or other matter may be made until the matter has been submitted, by either party, to the NCDA for the NCDA's recommendation for resolution, and either (a) the NCDA has rendered its written recommendation or (b) fifteen (15) business days have passed since the NCDA's receipt of such submission. If the NCDA renders such a written recommendation, even if rendered

after arbitration proceedings have been initiated, such recommendation may be entered as evidence in the arbitration, but will not supersede the arbitration proceedings.

Notice of the demand for arbitration will be filed in writing with the American Arbitration Association and with the other party to the claim, dispute or other matter in question, provided however, that any such demand for arbitration of any such claim, dispute or other matter in question must be made within a reasonable time after the claim, dispute or other matter in question has arisen, and in no event shall any such demand be made after the date when institution of legal or equitable proceedings based on such claim, dispute or other matter in question would be barred by the applicable statute of limitation.

No arbitration arising out of or relating to this Agreement shall include, whether by consolidation, joinder or in any other manner, as a party the NCDA, the City of Newton or the agents, employees or officials of either.

The award rendered by the arbitrators will be final and judgment may be entered upon it in any court having jurisdiction thereof.

The arbitrators may assess costs of arbitration and/or attorney's fees in favor of either party at the discretion of the arbitrators in accordance with said rules of the American Arbitration Association.

16. Equal Employment Opportunity.

During the performance of this Agreement, the Contractor agrees as follows:

(a) The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, or national origin. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, creed, color, or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices that may be provided by the NCDA.

(b) The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, creed, color, or national origin.

(c) The Contractor will cause the foregoing provisions to be inserted in all subcontracts for any work covered by this Agreement so that such provisions will be binding upon each subcontractor provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.

17. Compliance with Federal Law.

The parties to this Agreement agree to comply with the provisions of federal law, SECTION 3 OF HOUSING AND URBAN DEVELOPMENT ACT OF 1968, attached hereto as Exhibit B, and specifically incorporated by reference.

18. Executive Order 11246.

If the sum to be charged for the work is more than $10,000, the Contractor further agrees to comply with the provisions of EXECUTIVE ORDER 11246 OF SECRETARY OF LABOR: CONTRACTOR'S AGREEMENTS, attached hereto as Exhibit C, and specifically incorporated by reference.

19. Non-Liability of the NCDA.

The Contractor and Owner agree to hold the NCDA and the City of Newton harmless for any damages concerning the undertaking and execution of this Agreement.

20. Default.

In case of default by the Contractor, the Owner and the NCDA may procure the articles or services from other sources and hold the Contractor responsible for any excess cost occasioned thereby.

21. Termination.

In case the Contractor fails to furnish materials or execute work in accordance with the provisions of this Agreement or fails to proceed with or complete the work within the time limit specified in this Agreement or if the provisions of the Agreement are otherwise violated by the Contractor, then in any such case upon passage of ten (10) days after service of written notice, the violation shall cease or satisfactory arrangements shall be made for its correction; otherwise the Contractor, by written notice may be declared in default and his right to proceed under the Agreement terminated. In the event the Contractor is thus declared to be in default, the Owner, and the NCDA will proceed to have the work completed, shall apply to the cost of having the work completed any money due the Contractor under the Agreement, and the Contractor shall be responsible for any damages resulting to Owner by reason of said default.

22. Notice.

Notices to be given by the Owner or the NCDA to the Contractor shall be considered given for the purpose of this Agreement if mailed by regular mail to the Contractor's address. Notices to be given by the Owner or Contractor to the NCDA shall be considered given for the purpose of this Agreement if mailed by regular mail to the City of Newton, Planning and Development Department, 1000 Commonwealth Avenue, Newton, MA 02459. Notices to be given by the Contractor or the NCDA to the Owner shall be considered given for the purpose of this Agreement if mailed by regular mail _____

23. Assignment.

The Contractor shall not assign the Agreement without prior written consent of the Owner and the NCDA.

24. Contractor to Keep Premises Clean.

The Contractor shall keep the premises clean and orderly during the course of the work and shall remove all debris upon completion of the work. Materials and equipment that have been removed and replaced as part of the work shall belong to the Contractor.

25. Access to Utilities.

The Owner shall permit the Contractor to use at no cost existing utilities such as light, heat, power, and water necessary to the carrying out and completion of the work.

26. Cooperation.

The Owner shall cooperate with the Contractor to facilitate the performance of the work, including the removal and replacement of rugs, coverings, and furniture, as necessary.

27. Conflict of Interest.

No officer, employee or official of the City of Newton or of the NCDA shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or other business for profit, or association in which he or she is, directly or indirectly interested or has any personal or primary interest, direct or indirect.

****

SIGNATORIES

IN WITNESS WHEREOF the parties hereto have executed this Agreement in duplicate as of the date written above, in the City of Newton, Middlesex County, Massachusetts.

OWNER:

_____

_____

Witness

CONTRACTOR:

_____

By:

_____

Witness

EXHIBIT A

Work Write Up (Attachment A)

SPECS BY LOCATION TRADE

Elizabeth Porter
159 Charlesbank Road
Newton, Massachusetts

IFB #15-53

Rehabilitation Specifications

Lead Specifications

Lead Assessment Inspection Report

SPECS BY LOCATION/TRADE

12/24/2014

Pre-Bid Site Visit: 1/22/2015 10:30:00AM
Bidding Open Date: 1/22/2015 11:00:00AM
Bidding Close Date: 2/5/2015 11:00:00AM
Initial: _____

Case Number: 39
Project Manager: Doug Desmarais
Phone: 617-796-1148

Address: 159 Charlesbank Rd. (REHAB) **Unit:** Unit 01

Location: 1 - General Requirements Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	**General Requirements**				
5	**OWNER'S FINISH SELECTIONS** The owner shall select finish, colors, styles & types of materials from in stock options pertaining to specs. The contractor & property owner shall submit to the Construction manager, a copy of the agreed upon colors, styles and types of materials prior to job start.	1.00	GR	n/a	n/a
10	**OWNER ACCEPTS SCOPE OF WORK** The undersigned applicant(s) certifies that he/she has participated in the development of this Work Write Up (WWU). After careful review, the applicant understands and accepts the work described on each page of this WWU. x_____ _____ x_____ _____ Applicant Date Applicant Date	1.00	GR	n/a	n/a
14	**CONTRACTOR ACCEPTS SCOPE OF WORK** The undersigned contractor certifies that he/she has carefully reviewed the work described in this Work Write Up (WWU) and agrees to perform the work described on each page of this WWU. x_____ _____ Contractor Date	1.00	GR	n/a	n/a
24	**MANUFACTURER'S SPECS AND MA CODE PREVAIL** All materials shall be installed in full accordance with the manufacturer's specifications for working conditions, surface preparation, methods, protection and testing. All work performed will be equal to or greater than the MA state building code requirements. These specs are intended to provide the basis for proper completion of the work suitable for the intended use of the owner. Anything not expressly set forth but is reasonably implied or necessary for proper performance of the project shall be included.	1.00	GR	n/a	n/a
31	**CONSTRUCTION DEFINITIONS** "Install" means to purchase, set up, test and warrant a new component. "Replace" means to remove and dispose of original material, purchase new "like" material, deliver, install, test and warrant. "Repair" means to return a building component to like new condition through replacement, adjustment and recoating of parts. "Reinstall" means to remove, clean, store and install a component. The following pertain to Deleading specs. SCR = scrape, MI = make intact, OSC = outside corner, AB5' = above five feet, REP = replace, REM = remove, COV = cover, ENC = encapsulate, DR = door, WIN = window, CAB = cabinet	1.00	GR	n/a	n/a

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
35	**VERIFY QUANTITIES/MEASUREMENTS** This Work Write Up (WWU) will serve as the quote/bid packet. When returning quotes/bids, all unit price and total price must be filled out in order to be considered a responsible quote/bid. Quotes/bids will be awarded by using the address grand total only. The contractor is responsible for mathematical accuracy. All other Quantities/Measurements stated in the attached Work Write Up for this address are in-house estimates for informational purposes only. All quantities/measurements (shall be verified by the contractor) at a mandatory site inspection prior to bid/quote submission. Claims by either the property owner or the contractor for a change in funds due to discrepancies in quantities/measurements in the attached Work Write Up will not be honored.	1.00	GR	n/a	n/a
40	**ALL PERMITS REQUIRED** The contractor shall apply for, pay for, and obtain all the neccessary permits including (if applicable) 10 day Deleading notices and Asbestosis Abatement prior to the start of any job. Final payment will not be released until all required permits have been signed off on by the proper inspector.	1.00	GR	n/a	n/a
45	**CONTRACTOR PRE-QUOTE/BID SITE VISIT** The contractor must inspect the property on day,date, and time determined by quote/bid invite only. No quotes/bids will be accepted from absentee contractors. Submission of a quote/bid is presumptive evidence that the contractor has thoroughly examined the site and is conversant with the requirements of the local jurisdiction.	1.00	GR	n/a	n/a
77	**NEW MATERIALS REQUIRED** All materials used in connection with this Work Write Up (WWU) are to be new, of first quality and without defects - unless stated otherwise or pre-approved by Owner and Construction Manager. Unless otherwise specified in this WWU, the following materials are to be utilized. 1. DOORS: Exterior entry doors shall be "Thermatrue" , "Stanley", (or approved equal) 4 panel fiberglass foam filled door with a lite design as specified. Exterior doors shall be drilled for specified lock (see hardware). Interior doors shall be replaced with similar type and style (solid, panel style etc...) No hollow core doors will be accepted. (see hardware for lockset type). Garage doors shall be Clopay or approved equal. Bulkhead doors shall be Bilco or approved equal. 2. HARDWARE: Exterior doors to have Schlage keyed passage with deadbolt. Doors to be keyed alike. Bedrooms and bathrooms are to have Schlage privacy passage sets. Closets to have Schlage passage sets. Owner to specify finish: Brass, antique brass, satin nickel, nickel, bronze, etc... 3. VINYL SIDING: Vinyl siding to be Certain Teed Main Street or approved equal (.042") on all exterior walls, including porches. Solid or perforated vinyl soffit (depending on venting requirements)	1.00	GR	n/a	n/a

Location: 1 - General Requirements Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
	(.038") panels under eaves. 4. WINDOWS: All replacement windows to have a U factor and SHGC of .30 or lower, such as Harvey Classic, Norandex Viewpoint 5000 Series, or MI 1555 series with matching grids and aluminum half screens. Use obscure glass in bathrooms. Cellar windows will be either sliding, hopper, or awning according to specs. Tempered glass to be used whenever MA code Dictates. 5. Paint: All paints shall be Sherwin Williams or Benjamin Moore low VOC paints. Owner to pick color and finish. 6. Trim: All woodwork being replaced shall be replaced with like material and profile.				
78	**WORKMANSHIP STANDARDS** All work shall be performed by mechanics both licensed and skilled in their particular trade as well as the tasks assigned to them. Workers shall protect all surfaces as long as required to eliminate damage and will be held responsible for any damage caused by them.	1.00	GR	n/a	n/a
120	**FINAL CLEAN** Remove from site all construction materials, tools and debris. Sweep clean all exterior work areas. Vacuum and mop all interior work areas, removing all visible dust, stains, labels and tags. Final payment will not be released untill property is cleaned and passes visual and dust wipes clearance. On rehab jobs a letter of Interim control needs to be issued. On Lead jobs a letter of Full Deleading Compliance needs to be issued.	1.00	GR	_____	_____

Location Total: _____

Location: 2 - Exterior Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 6	Concrete & Paving				
910	**CONCRETE PATIO--4"** In front of rear egress, form and pour a STEP DOWN 4" thick, 2200 psi concrete slab including all form work, 6 mil vapor barrier, 4" gravel base, 10x10 wire mesh and a broom brushed finish. Prior to pouring the slab, dig a trench and install properly install a drainage pipe and a floor drain to allow all water to drain into said pipe and disperse under ground. Remove all forms, regrade and spot seed.	1.00	EA	_____	_____
Trade: 7	Masonry				
1330	**CHIMNEY--REPOINT** Repair left chimney above roof area by cutting out mortar at least 1/2", removing all loose material, and repointing using portland cement mortar. Saturate joints with water before applying mortar. Match color as closely as possible. Replace all missing and defective materials with matching materials. Clean	8.00	SF	_____	_____

Address: 159 Charlesbank Rd. (REHAB) Unit: Unit 01

Location: 2 - Exterior Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 7	Masonry				
	mortar and other debris from adjoining surfaces and gutter.				
1340	**CHIMNEY CAP** On the right chimney cement in place an aluminum chimney cap with screened sides to top of chimney flue.	1.00	EA	_____	_____
Trade: 10	Carpentry				
3210	**STORM DOOR--ALUMINUM** Add a storm door to the front of the house and then replace kitchen storm door with aluminum combination storm and screen doors with white baked enamel aluminum finish and top chain and closer. Doors to have a price allowance of $300.00	2.00	EA	_____	_____
3515	**DECK GUARD RAIL REPLACE-WOOD** Dispose of any existing railing. Construct a preservative treated pine railing using 2"x 4" top and bottom rails, and 2"x 2" balusters face nailed 6" on center. Create a 3'6" high railing between 4"x 4" end posts. Rail to be free from cracks, splinters, and rough edges. Replace the railing system leading down the C side steps.	24.00	LF	_____	_____
3560	**DECK--REBUILD** After removing old decking and stairs, install 8" lag bolts around existing deck framing per code. Then install 5/4" preservative treated eased edge decking. Face nail with hot dipped galvanized fasteners, into solid porch joists. Duplicate the depth of the original deck overhang, or a minimum of 1 1/2". Include all trim necessary to create a neat appearance where the deck adjoins other surfaces. Rebuild steps to match.	112.00	SF	_____	_____
Trade: 15	Roofing				
4580	**TEAR OFF AND REROOF SHINGLES** Remove and dispose of all roofing & defective sheathing. Replace up to 5 sf of sheathing per 100 sf of roof using pine board or CDX plywood of matching thickness. Staple 15 lb felt. Install Ice and water guard, preformed white aluminum drip edge, and vent pipe boots. Install 30year architectural algae resistant shingles. Replace all flashing. Install roof/ridge vents to code.	20.00	SQ	_____	_____

Location Total: _____

Location: 3 - Basement Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 5	Demolition & Disposal				
706	**DEMO OPENINGS** In living room open up the doorway by the fridge by approximately one foot. In rear bedroom, remove D1 egress closet and door components back to framing members with a minimum of damage to structure. Repair all damage. Make both	1.00	EA	_____	_____

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 5	**Demolition & Disposal**				
	areas cased openings using pine, finish with two coats of self priming paint.				
Trade: 10	**Carpentry**				
3360	**DOOR--PREHUNG PASSAGE--SPLIT JAMB** In bathroom, remove door unit and enlarge opening to make room for a 24" door. Replace door unit with a 24", 1-3/8" prehung, solid core door with split jamb and casings on both sides, 3 butt hinges and a privacy lockset. Paint to match.	1.00	EA	_____	_____
Trade: 17	**Drywall & Plaster**				
5210	**DRYWALL--PATCH** In rear bedroom, cut back defective gypsum on ceilings to expose half of the studs on each side of the area to be repaired. Cut and tightly fit drywall patch. Nail or screw patch. Apply tape and 3 coats of compound feathered out at least 8". Wet sand smooth, paint with two coats self priming paint.	1.00	RM	_____	_____
Trade: 18	**Ceramic Tile**				
5416	**TILE BACKER BOARD** On B and C sides of new stove, install fiberglass reinforced cement composition boards such as Durock® or HardieBacker™ in area specified to accept ceramic tile. Use cement board fiberglass tape on all seams and one coat seams with tile cement. Space edges 1/4" from adjoining surfaces and fasten with minimum 1-1/4" long No. 8 x 0.375" corrosion-resistant screws designed specifically for backer board. Use product specified by manufacturer for particular application (such as walls or floors). For walls, all edges of backer boards must be supported by full face 2 by framing secured to the structure.	8.00	SF	_____	_____
5430	**CERAMIC WALL TILE** After adhering to spec #5416, use adhesive to install owner's choice of $5/sf 4"x4" ceramic wall tile. Include preformed base, cap, stop, return and trimmer pieces to complete installation. After at least 24 hours drying time, apply latex based portland cement grout. Clean all excess grout and apply mildew resistant white silicone caulk at all seams, fixture lips and pipe penetrations. Seal tile and grout per manufactures instructions.	8.00	SF	_____	_____
Trade: 21	**HVAC**				
6325	**HEAT DUCT AND REGISTER** Remove air duct starting in bathroom and stoping at main truck, Plug main trunk to make air tight. Close up holes in walls created by removing duct work.	1.00	EA	_____	_____
Trade: 22	**Plumbing**				
6750	**PLUMBING VENT--CUSTOM**	1.00	EA	_____	_____

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 22	**Plumbing**				
	Using PVC, cut into the drain line under kitchen sink and install a vent running towards the back of the sink, up through the back corner of the counter, then tie into the vent stack. Replace P trap if needed.				
6765	**GAS LINE** In kitchen and rear bedroom, remove gas line to nearest Tee without affecting the rest of the house's gas appliances. Install a black plug into each Tee.	1.00	DU	_____	_____
Trade: 23	**Electric**				
7565	**INSTALL RECEPTACLE--15 AMP** Behind fridge install a white duplex, 15 amp receptacle and white cover plate at least 15" above floor level using copper 12-3 non-metallic (NM) cable. Fish wire and repair all tear out.	1.00	EA	_____	_____
7570	**RECEPTACLE--15 AMP--RELOCATE** In the living room relocate the outlet that is above the electric heat to a code approved distance. Cover old hole with a blank plate.	1.00	EA	_____	_____
7590	**RECEPTACLE--GFCI BATH** In bathroom, install a ground fault circuit interrupted white duplex receptacle with white cover plate adjacent to lavatory using copper non-metallic cable. Fish wire and repair all tear out.	1.00	EA	_____	_____
7600	**RECEPTACLE--GFCI COUNTERTOP 20 AMP** On D wall of kitchen sink, install a ground fault circuit interrupted, white, duplex receptacle and white, cover plate next to kitchen sink, using copper non-metallic cable, controlled by a 20 amp circuit breaker. Fish wire and repair all tear out.	1.00	EA	_____	_____
7753	**ENERGY STAR INTERIOR WALL FIXTURE** Replace wall light above the sink with like and install a sconce on the D wall between the sink and bathroom and another sconce near the fridge with Energy Star approved light fixtures and a cost allowance of $80.00 per fixture.	3.00	EA	_____	_____
7761	**ENERGY STAR 2 BULB BATH VANITY FIXTURE** Replace bath light with an Energy Star approved, over vanity light fixture of $80.00.	1.00	EA	_____	_____
7805	**SMOKE/CO DETECTOR--BATTERY POWERED** Install/replace a UL approved, ceiling mounted, battery powered smoke, fire, and CO detector with battery. To be installed near the furnace.	1.00	EA	_____	_____
7822	**FAN/LIGHT FIXTURE--CONTINUOUS WITH SWITCH ACTIVATED BOOST** In bathroom, install a Panasonic Whisper Green-Lite Model # FV-08VKSL3 ceiling mounted ENERGY STAR qualified Fan/Light fixture with a modulating DC motor capable of 80 CFM operating at less than .3 Sones, with a night light, the capacity to run continuously at a preset CFM rating, a time delay feature for the boost setting, vented w/ damper to exterior. Switch both the fan and light using a single pole switch. Install	1.00	EA	_____	_____

Address: 159 Charlesbank Rd. (REHAB) **Unit: Unit 01**

Location: 3 - Basement Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 23	**Electric**				
	4" galvanized metal duct (not flex duct) and vent to the exterior ideally through a wall or gable end using a 4" hooded vent with damper. All duct seams and connections shall be sealed with duct mastic. Repair any damage to the ceiling installation and air seal fan/light assembly to the ceiling with low VOC caulk. Set the continuous level of ventilation to meet ASHRAE 62.2 and set the time delay switch to 20 minutes.				
7836	**RANGE HOOD VENTED--ENERGY STAR** After running a proper electrical line to exsisiting range, replace range hood with a recirculation, integral minimum 2 speed fan control and light switched separately capable of a minimum 150 CFM at a maximum of 7 sones. Attach hood to wall with screws.Owner's choice of color with a price allowance of $200.00. Remove old vent and piping and properly close up hole on exterior wall.	1.00	EA	_____	_____
Trade: 25	**Appliances**				
8430	**ELECTRIC STOVE--24"** Dispose of old gas stove. Install a white, "apartment size" electric stove including oven and all electric connections. Stove to have a cost allowance of $500.00	1.00	EA	_____	_____

Location Total: _____

Location: 4 - Front Hall Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 10	**Carpentry**				
3184	**DOOR -- PREHUNG ENTRANCE -- ENERGY STAR** Dispose of existing door and frame. Replace entrance door with a ENERGY STAR certified, insulated, prehung fiberglass door, with matching lites including double side lites, clear low e glass, a locking passage set and double cylinder dead bolt keyed to match the deadbolts of other exterior doors. Include interior and exterior casing, three 4"x 4" butt hinges, weatherstripping, and interlocking threshold. Prime and topcoat with owner's choice of color and finish. Door to have a price allowance of 1,200.00	1.00	EA	_____	_____

Location Total: _____

Location: 5 - Kitchen Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 10	**Carpentry**				
3184	**DOOR -- PREHUNG ENTRANCE -- ENERGY STAR** Dispose of existing door and frame. Replace entrance door with a ENERGY STAR certified, insulated, prehung fiberglass door, with matching lites, clear low e glass, a locking passage set	1.00	EA	_____	_____

Location: 5 - Kitchen Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 10	Carpentry				
	and double cylinder dead bolt keyed to match the deadbolts of other exterior doors. Include interior and exterior casing, three 4"x 4" butt hinges, weatherstripping, and interlocking threshold. Prime and topcoat with owner's choice of color and finish. Door to have a price allowance of $600.00.				

Location Total: _____

Location: 6 - Bathroom Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 16	Conservation				
4999	**INSULATE ATTIC HATCH** Glue foil faced Polyiscocyanurate insulation boards together to create a 6" thick (R-39) assembly on the top of the attic hatch/door. Wrap edges of the foam board with foil faced tape (not cloth duct tape) to cover the exposed foam edges and extend the foil tape onto the top of the foam board assembly. Weatherstrip the top edge of the casing that supports the door in its frame with foam adhesive faced weatherstripping tape so that there is no air leakage around the door. Caulk and or foam the frame and trim for the door to create an air tight frame that provides a continual thermal barrier at the ceiling level when combined with attic insulation. A pre made unit may be substituted.	1.00	EA	_____	_____
Trade: 23	Electric				
7822	**FAN/LIGHT FIXTURE--CONTINUOUS WITH SWITCH ACTIVATED BOOST** Install a Panasonic Whisper Green-Lite Model # FV-08VKSL3 ceiling mounted ENERGY STAR qualified Fan/Light fixture with a modulating DC motor capable of 80 CFM operating at less than .3 Sones, with a night light, the capacity to run continuously at a preset CFM rating, a time delay feature for the boost setting, vented w/ damper to exterior. Switch both the fan and light using a single pole switch. Install 4" galvanized metal duct (not flex duct) and vent to the exterior ideally through a wall or gable end using a 4" hooded vent with damper. All duct seams and connections shall be sealed with duct mastic. Repair any damage to the ceiling installation and air seal fan/light assembly to the ceiling with low VOC caulk. Set the continuous level of ventilation to meet ASHRAE 62.2 and set the time delay switch to 20 minutes.	1.00	EA	_____	_____

Location Total: _____

Location: 7 - Rear Bedroom Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price

Address: 159 Charlesbank Rd. (REHAB) **Unit:** Unit 01

Location: 7 - Rear Bedroom Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 10	**Carpentry**				
3280	**LOCKSET--BEDROOM** Install privacy lock set.	1.00	EA	_____	_____

Location Total: _____

Unit Total for 159 Charlesbank Rd. (REHAB) , Unit Unit 01: _____

Address Grand Total for 159 Charlesbank Rd. (REHAB) : _____

Bidder: _____

SPECS BY LOCATION/TRADE

12/24/2014

Pre-Bid Site Visit: 1/22/2015 10:30:00AM
Bidding Open Date: 1/22/2015 11:00:00AM
Bidding Close Date: 2/5/2015 11:00:00AM
Initial: _____

Case Number: 41
Project Manager: Doug Desmarais
Phone: 617-796-1148

Address: 159 Charlesbank Rd. (LEAD) Unit: Unit 01

Location: 1 - General Requirements Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
5	**OWNER'S FINISH SELECTIONS** The owner shall select finish, colors, styles & types of materials from in stock options pertaining to specs. The contractor & property owner shall submit to the Construction manager, a copy of the agreed upon colors, styles and types of materials prior to job start.	1.00	GR	n/a	n/a
9	**ENVIRONMENTAL REHAB** 1. Use this work write up (WWU) in conjunction with the lead report. 2. This spec DOES include interior painting, only to make paint ready (fill nail holes, caulking, sand all joint compound, etc...) 3. Exterior to be painted with 2 coats of self priming paint, color to match as close as possible to existing paint. 4. All rotted wood to be replaced prior to painting. 5. Use like profile on all trim being replaced. 6. Window and door headers do not need to be replaced if casings can be matched 100%. 7. All interior surfaces being scraped will be to the full height of component. All outside corners being scraped will be scraped 4" in and 5' up then feather sanded. If outside corner is sheetrock, after scraping to 5', compound or fill with sheetrock as needed, sand and make paint ready. All exterior surfaces being scraped will be scraped to 5' and then feather sanded. 8. Outside corners being covered will be covered with pine header stock only.	1.00	GR	n/a	n/a
10	**OWNER ACCEPTS SCOPE OF WORK** The undersigned applicant(s) certifies that he/she has participated in the development of this Work Write Up (WWU). After careful review, the applicant understands and accepts the work described on each page of this WWU. x_____ _____ x_____ _____ Applicant Date Applicant Date	1.00	GR	n/a	n/a
14	**CONTRACTOR ACCEPTS SCOPE OF WORK** The undersigned contractor certifies that he/she has carefully reviewed the work described in this Work Write Up (WWU) and agrees to perform the work described on each page of this WWU. x_____ _____ Contractor Date	1.00	GR	n/a	n/a
24	**MANUFACTURER'S SPECS AND MA CODE PREVAIL** All materials shall be installed in full accordance with the	1.00	GR	n/a	n/a

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
	manufacturer's specifications for working conditions, surface preparation, methods, protection and testing. All work performed will be equal to or greater than the MA state building code requirements. These specs are intended to provide the basis for proper completion of the work suitable for the intended use of the owner. Anything not expressly set forth but is reasonably implied or necessary for proper performance of the project shall be included.				
31	**CONSTRUCTION DEFINITIONS** "Install" means to purchase, set up, test and warrant a new component. "Replace" means to remove and dispose of original material, purchase new "like" material, deliver, install, test and warrant. "Repair" means to return a building component to like new condition through replacement, adjustment and recoating of parts. "Reinstall" means to remove, clean, store and install a component. The following pertain to Deleading specs. SCR = scrape, MI = make intact, OSC = outside corner, AB5' = above five feet, REP = replace, REM = remove, COV = cover, ENC = encapsulate, DR = door, WIN = window, CAB = cabinet	1.00	GR	n/a	n/a
35	**VERIFY QUANTITIES/MEASUREMENTS** This Work Write Up (WWU) will serve as the quote/bid packet. When returning quotes/bids, all unit price and total price must be filled out in order to be considered a responsible quote/bid. Quotes/bids will be awarded by using the address grand total only. The contractor is responsible for mathematical accuracy. All other Quantities/Measurements stated in the attached Work Write Up for this address are in-house estimates for informational purposes only. All quantities/measurements (shall be verified by the contractor) at a mandatory site inspection prior to bid/quote submission. Claims by either the property owner or the contractor for a change in funds due to discrepancies in quantities/measurements in the attached Work Write Up will not be honored.	1.00	GR	n/a	n/a
40	**ALL PERMITS REQUIRED** The contractor shall apply for, pay for, and obtain all the neccessary permits including (if applicable) 10 day Deleading notices and Asbestosis Abatement prior to the start of any job. Final payment will not be released until all required permits have been signed off on by the proper inspector.	1.00	GR	n/a	n/a
45	**CONTRACTOR PRE-QUOTE/BID SITE VISIT** The contractor must inspect the property on day,date, and time determined by quote/bid invite only. No quotes/bids will be accepted from absentee contractors. Submission of a quote/bid is presumptive evidence that the contractor has thoroughly examined the site and is conversant with the requirements of the local jurisdiction.	1.00	GR	n/a	n/a
77	**NEW MATERIALS REQUIRED** All materials used in connection with this Work Write Up (WWU) are to be new, of first quality and without defects - unless stated otherwise or pre-approved by Owner and	1.00	GR	n/a	n/a

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 1	General Requirements				
	Construction Manager. Unless otherwise specified in this WWU, the following materials are to be utilized. 1. DOORS: Exterior entry doors shall be "Thermatrue" , "Stanley", (or approved equal) 4 panel fiberglass foam filled door with a lite design as specified. Exterior doors shall be drilled for specified lock (see hardware). Interior doors shall be replaced with similar type and style (solid, panel style etc...) No hollow core doors will be accepted. (see hardware for lockset type). Garage doors shall be Clopay or approved equal. Bulkhead doors shall be Bilco or approved equal. 2. HARDWARE: Exterior doors to have Schlage keyed passage with deadbolt. Doors to be keyed alike. Bedrooms and bathrooms are to have Schlage privacy passage sets. Closets to have Schlage passage sets. Owner to specify finish: Brass, antique brass, satin nickel, nickel, bronze, etc... 3. VINYL SIDING: Vinyl siding to be Certain Teed Main Street or approved equal (.042") on all exterior walls, including porches. Solid or perforated vinyl soffit (depending on venting requirements) (.038") panels under eaves. 4. WINDOWS: All replacement windows to have a U factor and SHGC of .30 or lower, such as Harvey Classic, Norandex Viewpoint 5000 Series, or MI 1555 series with matching grids and aluminum half screens. Use obscure glass in bathrooms. Cellar windows will be either sliding, hopper, or awning according to specs. Tempered glass to be used whenever MA code Dictates. 5. Paint: All paints shall be Sherwin Williams or Benjamin Moore low VOC paints. Owner to pick color and finish. 6. Trim: All woodwork being replaced shall be replaced with like material and profile.				
78	**WORKMANSHIP STANDARDS** All work shall be performed by mechanics both licensed and skilled in their particular trade as well as the tasks assigned to them. Workers shall protect all surfaces as long as required to eliminate damage and will be held responsible for any damage caused by them.	1.00	GR	n/a	n/a
120	**FINAL CLEAN** Remove from site all construction materials, tools and debris. Sweep clean all exterior work areas. Vacuum and mop all interior work areas, removing all visible dust, stains, labels and tags. Final payment will not be released untill property is cleaned and passes visual and dust wipes clearance. On rehab jobs a letter of Interim control needs to be issued. On Lead jobs a letter of Full Deleading Compliance needs to be issued.	1.00	GR	_____	_____

Location Total: _____

Address: 159 Charlesbank Rd. (LEAD) **Unit: Unit 01**

Location: 2 - Exterior Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**ENTIRE EXTERIOR** MI siding, trim, windows ab5'. SCR to 5' all windows and casings below 5'.	1.00	DU	_____	_____

Location Total: _____

Location: 3 - Room 1 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**WINDOW-SASH** A1, 2, B1: REP	3.00	EA	_____	_____
Custom	**WINDOW-CASING & SILL** A1, 2, B1: REP	3.00	EA	_____	_____
Custom	**DOOR-JAMB** C1: SCR	1.00	EA	_____	_____
Custom	**DOOR-SLAB** C1: REP	1.00	EA	_____	_____
Custom	**DOOR-CASING** C1: REP	1.00	EA	_____	_____
Custom	**BASEBOARDS** CAP, SCR osc	1.00	EA	_____	_____

Location Total: _____

Location: 4 - Room 2 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**WINDOW-SASH** C1, B1, D1: REP	3.00	EA	_____	_____
Custom	**WINDOW-CASING & SILL** C1, B1, D1: REP	3.00	EA	_____	_____
Custom	**DOOR-JAMB** A, 2, B1, C1, A closet: SCR	5.00	EA	_____	_____
Custom	**DOOR-SLAB** A1, B1, REP	2.00	EA	_____	_____
Custom	**BASEBOARDS** CAP, SCR osc	1.00	EA	_____	_____
Custom	**DOOR-CASING** A1, 2, B1, C1, A closet: REP	5.00	EA	_____	_____

Address: 159 Charlesbank Rd. (LEAD) **Unit: Unit 01**

Location: 4 - Room 2 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 17	**Drywall & Plaster**				
5235	**LAMINATE 1/4" DRYWALL** Cover sheet rocked ceiling surface with 1/4" gypsum using screws 8" on center and a bead of construction adhesive 20" on center. Butt drywall to door and window casing. Apply fiberglass mesh tape and 3 coats of compound feathered out at least 8". Sand and Paint 2 coats self priming paint.	100.00	SF	_____	_____

Location Total: _____

Location: 5 - Room 3 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**WINDOW-SASH** A1,2: REP	2.00	EA	_____	_____
Custom	**WINDOW-CASING & SILL** A1, 2: REP	2.00	EA	_____	_____
Custom	**BASEBOARDS** CAP, SCR osc	1.00	AL	_____	_____

Location Total: _____

Location: 6 - Room 4 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**DOOR-CASING** A1, A1 closet: REP	2.00	EA	_____	_____
Custom	**BASEBOARDS** CAP, SCR osc	1.00	EA	_____	_____
Custom	**FLOOR** MI, PAINT entire flr	1.00	EA	_____	_____
Custom	**DOOR-SLAB** A1, A1 closet: REP	2.00	EA	_____	_____
Custom	**DOOR-JAMB** A1, A1 closet: SCR	2.00	EA	_____	_____
Custom	**WINDOW-CASING & SILL** C1: REP	1.00	EA	_____	_____
Custom	**WINDOW-SASH** C1: REP	1.00	EA	_____	_____

Location Total: _____

Address: 159 Charlesbank Rd. (LEAD) **Unit: Unit 01**

Location: 7 - Room 5 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**WINDOW-SASH** C1: REP	1.00	EA	_____	_____

Location Total: _____

Location: 8 - Room 6 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**DOOR-JAMB** A1, C1: SCR	2.00	EA	_____	_____
Custom	**DOOR-CASING** A1, C1: REP	2.00	EA	_____	_____
Custom	**WINDOW-CASING & SILL** B1, C1: REP	2.00	EA	_____	_____
Custom	**DOOR-SLAB** A1, C1: REP	2.00	EA	_____	_____
Custom	**WINDOW-SASH** B1, C1: REP	2.00	EA	_____	_____

Location Total: _____

Location: 9 - Room 7 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**DOOR-SLAB** A1, 2, D2, D1 closet: REP	4.00	EA	_____	_____
Custom	**DOOR-CASING** A1, 2, D2, D closet: REP	4.00	EA	_____	_____
Custom	**DOOR-JAMB** A1, 2, D2, D closet: SCR	4.00	EA	_____	_____
Custom	**BASBOARD** D1 closet: CAP, SCR osc	1.00	EA	_____	_____
Custom	**SHELF & SUPPORT** D1 closet: REP, include pole	1.00	EA	_____	_____
Custom	**WINDOW-CASING & SILL** B1, C1: REP	2.00	EA	_____	_____
Custom	**WINDOW-SASH** B1, C1: REP	2.00	EA	_____	_____
Custom	**CEILING**	1.00	EA	_____	_____

Address: 159 Charlesbank Rd. (LEAD) **Unit: Unit 01**

Location: 9 - Room 7 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
	PATCH holes then PAINT entire ceiling				

Location Total: _____

Location: 10 - Kitchen 1 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**DOOR-JAMB** A2, D1, D2, D1 closet: SCR	4.00	EA	_____	_____
Custom	**BASEBOARDS** CAP, SCR osc	1.00	EA	_____	_____
Custom	**DOOR-CASING** A2, C1, D1, D1 closet: REP	4.00	EA	_____	_____
Custom	**WINDOW-CASING & SILL** B1, C1, D1: REP	3.00	EA	_____	_____
Custom	**WINDOW-SASH** B1, C1, D1: REP	3.00	EA	_____	_____
Custom	**DOOR-SLAB** D1, D1 closet: REP	2.00	EA	_____	_____

Location Total: _____

Location: 11 - Kitchen 2 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**DOOR-SLAB** A, B, C1, D2: REP	4.00	EA	_____	_____
Custom	**DOOR-CASING** A, B, C1, D2: REP	4.00	EA	_____	_____
Custom	**DOOR-JAMB** A, B, C1, D2: SCR	4.00	EA	_____	_____

Location Total: _____

Location: 12 - Bathroom 1 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**WINDOW-SASH** D1: REP	1.00	EA	_____	_____

Address: 159 Charlesbank Rd. (LEAD) **Unit: Unit 01**

Location: 12 - Bathroom 1 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**DOOR-CASING** A1, C1, A1 closet: REP	3.00	EA	_____	_____
Custom	**WINDOW-CASING & SILL** D1: REP	1.00	EA	_____	_____
Custom	**DOOR JAMB** A1, C1, A1 closet: SCR	3.00	EA	_____	_____
Custom	**LOW WALLS** SCR osc, PAINT entire bathroom walls	1.00	EA	_____	_____
Custom	**BASEBOARDS** CAP, SCR osc	1.00	EA	_____	_____
Custom	**DOOR-SLAB** A1, C1, A1 closet: REP	3.00	EA	_____	_____
Trade: 17	**Drywall & Plaster**				
5235	**LAMINATE 1/4" DRYWALL** Cover ceiling surface with 1/4" gypsum using screws 8" on center and a bead of construction adhesive 20" on center. Butt drywall to door and window casing. Apply fiberglass mesh tape and 3 coats of compound feathered out at least 8". Sand and Paint 2 coats self priming paint.	100.00	SF	_____	_____

Location Total: _____

Location: 13 - Bathroom 2 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**WINDOW CASING & SILL** D1: REP	1.00	EA	_____	_____
Custom	**WINDOW-SASH** D1: REP	1.00	EA	_____	_____

Location Total: _____

Location: 14 - Hallway 2 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	**CEILING** MI, PAINT entire ceiling	1.00	RM	_____	_____
Custom	**DOOR-SLAB** C1: REP	1.00	EA	_____	_____

Address: 159 Charlesbank Rd. (LEAD) **Unit: Unit 01**

Location: 14 - Hallway 2 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	DOOR-CASING C1: REP	1.00	EA	_____	_____
Custom	DOOR-JAMB C1: SCR	1.00	EA	_____	_____

Location Total: _____

Location: 15 - Hallway 3 Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	WINDOW-SASH D1: REP	1.00	EA	_____	_____
Custom	DOOR-SLAB B1: REP	1.00	EA	_____	_____
Custom	DOOR-JAMB B1: SCR	1.00	EA	_____	_____
Custom	WINDOW-CASING & SILL B1: REP	1.00	EA	_____	_____
Custom	DOOR-CASING B1: REP	1.00	EA	_____	_____

Location Total: _____

Location: 16 - Staircase to basement Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
Custom	DOOR-SLAB D, D closet: SCR	2.00	EA	_____	_____
Custom	DOOR-CASING B1, D, D closet: SCR	3.00	EA	_____	_____
Custom	DOOR-JAMB B1, D, D closet: SCR	3.00	EA	_____	_____
Custom	CLOSET D: DELEAD without using encap	1.00	EA	_____	_____
Custom	WINDOW-SASH-BASEMENT D1, 2: REP	2.00	EA	_____	_____
Custom	WINDOW-FRAME & SILL D1, 2: SCR	2.00	EA	_____	_____
Custom	TREADS & RISERS	13.00	EA	_____	_____

Address: 159 Charlesbank Rd. (LEAD) **Unit:** Unit 01

Location: 16 - Staircase to basement Approx. Wall SF: 0 Ceiling/Floor SF: 0

Spec #	Spec	Quantity	Units	Unit Price	Total Price
Trade: 9	**Environmental Rehab**				
	SCR				
Custom	**STRINGER**	1.00	EA	_____	_____
	SCR				

Location Total: _____

Unit Total for 159 Charlesbank Rd. (LEAD) , Unit Unit 01: _____

Address Grand Total for 159 Charlesbank Rd. (LEAD) : _____

Bidder: _____

Lead Inspection / Risk Assessment Report

Caulfield Environmental
243 Legate Hill Road
Leominster, MA 01453
(508)561-1281 Cell or (978)534-4670 Office
caulf@comcast.net

St.# 159 | Street Name Charlesbank | Street Type Rd | Unit

City Newton | Zip Code 02458-1739

Owners Name: Elizabeth Porter
Owner Address: 159 Charlesbank Rd
Contact Information: Newton, MA 02458
Client Name (if different from owner):
Client Address:

Number of Rooms in Unit 11
Property Type:
- [x] Single Family (w/in-law)
- [ ] Multi Family # of Units
- [ ] Condominium # of Units
- [ ] Day Care [ ] Other

Key	Legend 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	Treatment Method	Key	Treatment Method
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		

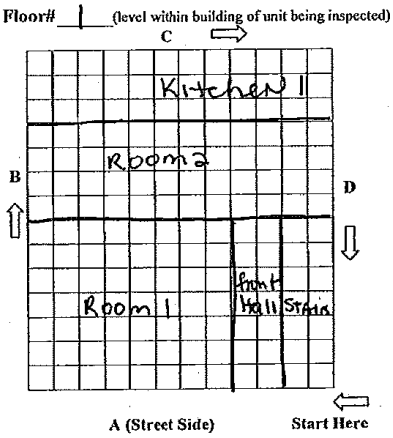
Laundry in Basement? [x] Yes [ ] No
Finished Space in Basement [x] Yes [ ] No

Testing Method Used

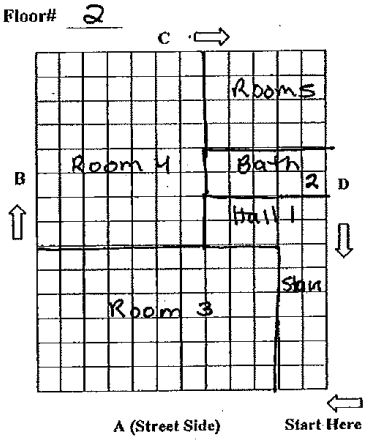
Na_2S Expiration Date: / /
X-Ray Fluorescence
Model: RMDLPA-1 Serial # 1923

Comments / Notes:

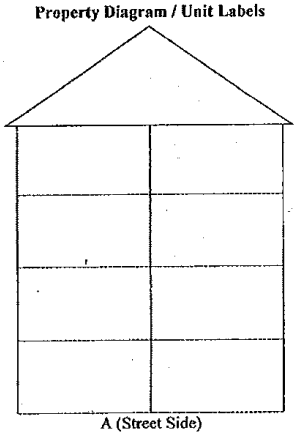
Floor# 1 (level within building of unit being inspected)



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 [x] ✓ - Check off when complete
- Address verified through USPS [x] ✓ - Check off when complete
- Research on Lead Related History for Address [x] ✓ - Check off when complete

Christine Caulfield — Inspector's Names
M1950 — License #
Christine Caulfield — Signature
12/01/14 — Date

LI/RA revised 01/12

Lead Inspection / Risk Assessment Report

Caulfield Environmental
243 Legate Hill Road
Leominster, MA 01453
(508)561-1281 Cell or (978)534-4670 Office
caulf@comcast.net

St.# 159 Street Name charlesbank Street Type Rd Unit

City Newton Zip Code 02458-1739

Owners Name: Elizabeth Porter
Owner Address: 159 Charlesbank Rd
Contact Information: Newton, MA 02458
Client Name (If different from owner):
Client Address:

Number of Rooms in Unit 11
Property Type:
- [x] Single Family (with In-law)
- [ ] Multi Family # of Units
- [ ] Condominium # of Units
- [ ] Day Care [ ] Other

Key	Legend 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	Treatment Method	Key	Treatment Method
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		

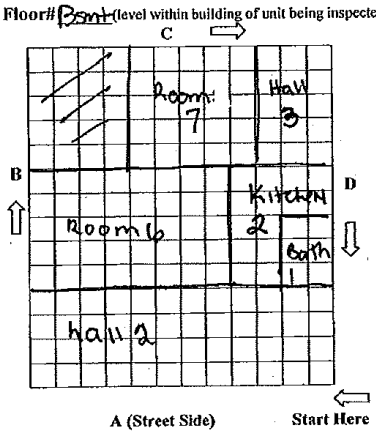
Laundry in Basement? [x] Yes [ ] No
Finished Space in Basement [x] Yes [ ] No

Testing Method Used

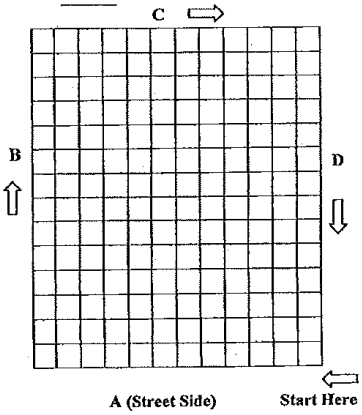
Na_2S Expiration Date: / /
X-Ray Fluorescence
Model: RMD LPA-1 Serial # 1923

Comments / Notes: (In-law unit in bsmt)

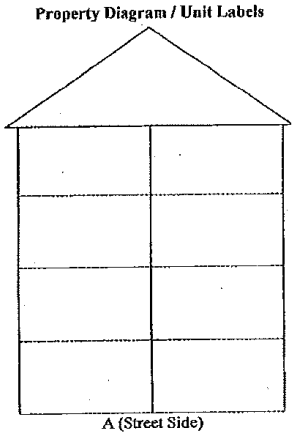
Floor# Bsmt (level within building of unit being inspected)



Floor# ____



Property Diagram / Unit Labels



Pb (lead) equal to or greater than 1.0 m/cm^2 with x-ray fluorescence or positive with Na_2S is Dangerous.

- XRF Calibration Recorded In Log Book [x] ✓ - Check off when complete
- Address verified through USPS [x] ✓ - Check off when complete
- Research on Lead Related History for Address [x] ✓ - Check off when complete

Inspector's Names	License #	Signature	Date
Christine Caulfield	M1950	Christine Caulfield	12/01/14

LI/RA revised 01/12

ADDRESS: 159 Charlesbank Rd Apt# — City Newton Page 3 of 27

INSPECTION HISTORY

Determination 08/06/01 Lead Hazards?	Y / N	Inspector Name: Jack Yang, Lic# 3559 Signature
Comprehensive Initial Inspection 12/01/14 Lead Hazards?	Y / N	Inspector Name: Christine Caulfield, Lic# M1950 Signature Christine Caulfield
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 Insp. (Lost Docs) 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

ADDRESS: 159 Charlesbank Rd Apt# — City Newton Page 1 of 27

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 No prior history/ No signs of UD	Inspector Name:_____, Lic#_____ Signature_____
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/EPA RRP

Approved CLPPP Waiver Attach to Comp Docs	CLPPP Insp. Name:_____, Lic#_____ Signature_____
Approved CLPPP Waiver Attach to Comp Docs	CLPPP Insp. Name:_____, Lic#_____ Signature_____
UD / DES Visual Reinspection No LOC Issued	P / F 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_____

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.

LIRA Exp. 8/08

Christine Caulfield — M-1950 — Christine Caulfield — 12-01-14 — Page 6 of 27

Inspector (print) — Lic # — Signature — Date

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

Address of Property: 159 Charlesbank Rd Apt. # ____ City: Newton

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	0.2	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	9.9	(M) (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	0.1	A/M L N/A	Y				
	Ceiling	0.1	A/M L N/A	Y				
A B	Door	9.9	(A/M) L N/A	Y				
C D	Door Casing	9.9	(A/M) L N/A	Y				
1 2	Door Jamb	9.8	(A/M) L N/A	Y				
3 4	Threshold	0.2	A/M L N/A	Y				
A B	Door Wall	0.0	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	. /	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				

COMMENTS / STRUCTURAL DEFECTS:

(8) Side C is A/M

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	0.0	M/I A/M L N/A	Y				
B	Win Apron	0.0	A/M L N/A	Y				
C	Win Casing	9.2	(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	0.0	M/I A/M L N/A	Y				
2	Exterior Sill	9.9	(M/I) SF (L) N/A	Y				
3	Part Bead	0.1	M/I L N/A	Y				
4	Blind Stop	9.9	(M/I) SF (L) N/A	Y				
	Win Ext Sash	0.2	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	9.9	(A/M) L N/A	Y				
D	Header Stop	0.0	M/I A/M L N/A	Y				
	Int Stops	0.3	M/I A/M L N/A	Y				
1	Win Int Sash	0.0	M/I A/M L N/A	Y				
2	Exterior Sill	9.9	(M/I) SF (L) N/A	Y				
3	Part Bead	0.2	M/I L N/A	Y				
4	Blind Stop	9.8	(M/I) SF (L) N/A	Y				
	Win Ext Sash	0.1	M/I L N/A	Y				
A	Window Sill	0.1	M/I A/M L N/A	Y				
B	Win Apron	0.3	A/M L N/A	Y				
C	Win Casing	9.9	(A/M) L N/A	Y				
D	Header Stop	8.2	(M/I) A/M L N/A	Y				
	Int Stops	9.1	(M/I) (A/M) L N/A	Y				
1	Win Int Sash	0.0	M/I A/M L N/A	Y				
2	Exterior Sill	9.9	(M/I) SF (L) N/A	Y				
3	Part Bead	0.1	M/I L N/A	Y				
4	Blind Stop	9.7	(M/I) SF (L) N/A	Y				
	Win Ext Sash	0.2	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				

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

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

LI/RA RepRoom, 8/08

Christine Caulfield — Inspector (print) | M-1950 — Lic # | Christine Caulfield — Signature | 10-01-14 — Date

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

Address of Property: 159 Charlesbank Rd Apt # ____ City: Newton

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	00	A/M L N/A	Y				
A B C D	Low Walls	01	A/M L N/A	Y				
A B C D	Baseboards	9.9	(A/M) L N/A	Y				
A B C D	Chair Rail	00	A/M L N/A	Y				
A B C D	Radiator	/	A/M L N/A	Y				
-	Floor	00	A/M L N/A	Y				
-	Ceiling (*)	5.3	A/M (L) N/A	Y				
(A) B	Door Rm 1	9.9	(A/M) L N/A	Y				
C D	Door Casing	9.9	(A/M) L N/A	Y				
(1) 2	Door Jamb	98	A/M L N/A	Y				
3 4	Threshold	0.1	A/M L N/A	Y				
A (B)	Door Room	9.9	(A/M) L N/A	Y				
C D	Door Casing	9.3	(A/M) L N/A	Y				
(1) 2	Door Jamb	NA	A/M L N/A	Y				
3 4	Threshold	NA	A/M L N/A	Y				
(A) B	Door Hall	/	A/M L N/A	Y				
C D	Door Casing	9.9	(A/M) L N/A	Y				
1 (2)	Door Jamb	9.3	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A B	Door Kit	/	A/M L N/A	Y				
(C) D	Door Casing	9.9	(A/M) L N/A	Y				
(1) 2	Door Jamb	9.9	(A/M) L N/A	Y				
3 4	Threshold	02	A/M L N/A	Y				
(A)	Closet Door	/	A/M L N/A	Y				
B	Cl Casing	9.9	(A/M) L N/A	Y				
C	Closet Jamb	9.5	(A/M) L N/A	Y				
D	Closet Walls	4.7	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	02	A/M L N/A	Y				
3	Cl Supports	0.1	A/M L N/A	Y				
4	Closet Floor	/	A/M L N/A	Y				
	Closet Ceiling	02	A/M L N/A	Y				

COMMENTS / STRUCTURAL DEFECTS:

(*) most of ceiling cov. w/ drop ceiling tiles.

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	9.9	(M) (A/M) L N/A	Y				
B	Win Apron	9.8	(A/M) L N/A	Y				
(C)	Win Casing	9.9	(A/M) L N/A	Y				
D	Header Stop	0.0	A/M L N/A	Y				
	Int Stops	0.0	A/M L N/A	Y				
(1)	Win Int Sash	00	M A/M L N/A	Y				
2	Exterior Sill	92	(M) SF (L) N/A	Y				
3	Part Bead	02	M L N/A	Y				
4	Blind Stop	9.9	(M) SF (L) N/A	Y				
	Win Ext Sash	02	M L N/A	Y				
A	Window Sill	99	(M) (A/M) L N/A	Y				
(B)	Win Apron	99	(A/M) L N/A	Y				
C	Win Casing	98	(A/M) L N/A	Y				
D	Header Stop	00	M A/M L N/A	Y				
	Int Stops	02	M A/M L N/A	Y				
(1)	Win Int Sash	0.1	M A/M L N/A	Y				
2	Exterior Sill	92	(M) SF (L) N/A	Y				
3	Part Bead	02	M L N/A	Y				
4	Blind Stop	99	(M) SF (L) N/A	Y				
	Win Ext Sash	0.2	M L N/A	Y				
A	Window Sill	9.9	(M) (A/M) L N/A	Y				
B	Win Apron	9.9	(A/M) L N/A	Y				
C	Win Casing	9.9	(A/M) L N/A	Y				
(D)	Header Stop	0.0	M A/M L N/A	Y				
	Int Stops	02	M A/M L N/A	Y				
(1)	Win Int Sash	0.1	M A/M L N/A	Y				
2	Exterior Sill	9.9	(M) SF (L) N/A	Y				
3	Part Bead	02	M L N/A	Y				
4	Blind Stop	9.9	(M) SF (L) N/A	Y				
	Win Ext Sash	01	M 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				
D	door	00	A/M L N/A	Y				
D	casing	02	A/M L N/A	Y				
D	jamb	0.1	A/M L N/A	Y				

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

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

LI/RA RepRoom, 8/08

Christine Caulfield | M-1950 | Christine Caulfield | 12-01-14 | Page 8 of 27

Inspector (print) | Lic # | Signature | Date

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

Address of Property: 159 Charlesbank Rd Apt. # — City: Newton

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	0.5	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	99	(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	0.1	A/M L N/A	Y				
	Ceiling	0.1	A/M L N/A	Y				
A B	Door	0.0	A/M L N/A	Y				
C (D)	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	0.1	A/M L N/A	Y				
A B	Door Closet	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 Closet	0.0	A/M L N/A	Y				
C (D)	Door Casing	0.3	A/M L N/A	Y				
1 2	Door Jamb	0.1	A/M L N/A	Y				
(3) 4	Threshold	0.1	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	0.1	A/M L N/A	Y				
(D)	Closet Walls	0.0	A/M L N/A	Y				
	Cl Baseboard	0.0	A/M L N/A	Y				
1	Closet Pole	0.4	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	0.2	A/M L N/A	Y				
	Closet Ceiling	0.1	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
(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	99	(A/M) L N/A	Y				
D	Header Stop	92	(M/I) (A/M) L N/A	Y				
	Int Stops	97	(M/I) A/M L N/A	Y				
(1)	Win Int Sash	0.0	M/I A/M L N/A	Y				
2	Exterior Sill	93	(M/I) SF (L) N/A	Y				
3	Part Bead	0.0	M/I L N/A	Y				
4	Blind Stop	99	(M/I) SF (L) N/A	Y				
	Win Ext Sash	0.2	M/I L N/A	Y				
(A)	Window Sill	0.0	M/I A/M L N/A	Y				
B	Win Apron	0.3	A/M L N/A	Y				
C	Win Casing	98	(A/M) L N/A	Y				
D	Header Stop	99	(M/I) A/M L N/A	Y				
	Int Stops	99	(M/I) (A/M) L N/A	Y				
1	Win Int Sash	0.1	M/I A/M L N/A	Y				
(2)	Exterior Sill	99	(M/I) SF (L) N/A	Y				
3	Part Bead	0.2	M/I L N/A	Y				
4	Blind Stop	99	M/I SF L N/A	Y				
	Win Ext Sash	0.0	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				

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

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

LI/RA RepRoom, 8/08

Christine Caulfield — M-1950 — Christine Caulfield — 12-01-14 — Page 9 of 27

Inspector (print) — Lic # — Signature — Date

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

Address of Property: 159 Charlesbank Rd — Apt. # — City: Newton

ROOM # 4

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	9.9	(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	3.1	A/M (L) N/A	Y				
	Ceiling	0.1	A/M L N/A	Y				
(A) B	Door	9.9	(A/M) L N/A	Y				
C D	Door Casing	9.9	(A/M) L N/A	Y				
(1) 2	Door Jamb	9.5	(A/M) L N/A	Y				
3 4	Threshold	0.2	A/M L N/A	Y				
A B	Door	0.0	A/M L N/A	Y				
C (D)	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	0.1	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	9.9	(A/M) L N/A	Y				
B	Cl Casing	9.8	(A/M) L N/A	Y				
C	Closet Jamb	9.9	(A/M) L N/A	Y				
D	Closet Walls	0.0	A/M L N/A	Y				
	Cl Baseboard	9.9	(A/M) L N/A	Y				
(1)	Closet Pole	Met	A/M L N/A	Y				
2	Closet Shelf	0.1	A/M L N/A	Y				
3	Cl Supports	0.2	A/M L N/A	Y				
4	Closet Floor	0.6	A/M L N/A	Y				
	Closet Ceiling	0.1	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
A	Window Sill	9.2	(M/I) (A/M) L N/A	Y				
B	Win Apron	9.3	(A/M) L N/A	Y				
(C)	Win Casing	9.9	(A/M) (L) N/A	Y				
D	Header Stop	9.8	(M/I) (A/M) L N/A	Y				
	Int Stops	9.9	(M/I) A/M L N/A	Y				
(1)	Win Int Sash	0.2	M/I A/M L N/A	Y				
2	Exterior Sill	9.5	(M/I) SF (L) N/A	Y				
3	Part Bead	0.0	M/I L N/A	Y				
4	Blind Stop	9.9	(M/I) SF (L) N/A	Y				
	Win Ext Sash	0.1	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		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				
D	plumbing	.	A/M L N/A	Y				
	access	..	A/M L N/A	Y				
	panel	0.0	A/M L N/A	Y				

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

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

LJ/RA RepRoom, 8/08

Christine Caulfield — M-1950 — Christini Caulfield — 12-01-14 — Page 10 of 27

Inspector (print) — Lic # — Signature — Date

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

Address of Property: 159 Charlesbank Rd — Apt. # — City: Newton

Room 5 not a habitable space - Attic storage only.

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	.	A/M L N/A	Y				
A B C D	Low Walls	.	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	.	A/M L N/A	Y				
	Ceiling	.	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 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	.	A/M L N/A	Y				
	Balusters	.	A/M L N/A	Y				
	Lower rail	.	A/M L N/A	Y				
	Treads	.	A/M L N/A	Y				
	Risers	.	A/M L N/A	Y				
	Stringer	.	A/M L N/A	Y				
	Floor Edge	.	A/M L N/A	Y				
	Floor Casing	.	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

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

LI/RA Repstair, 8/08

Christine Caulfield — M-1950 — Christine Caulfield — 12-01-14
Inspector (print) — Lic # — Signature — Date

Page 11 Of 27

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

Address of Property: 159 charlesbank Rd Apt. # — City: Newton

ROOM # 6

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	V.B	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	CN	A/M L N/A	Y				
	Ceiling	9.9	A/M (L) N/A	Y				
(A) B	Door Hall	9.9	(A/M) L N/A	Y				
C D	Door Casing	9.7	(A/M) L N/A	Y				
(1) 2	Door Jamb	9.8	(A/M) L N/A	Y				
3 4	Threshold	0.1	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	9.5	(A/M) L N/A	Y				
(C) D	Door Casing	8.3	(A/M) L N/A	Y				
(1) 2	Door Jamb	9.9	(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				

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	9.2	(M/I) (A/M) L N/A	Y				
(B)	Win Apron	8.3	A/M (L) N/A	Y				
C	Win Casing	9.7	(A/M) L N/A	Y				
D	Header Stop	9.9	(M/I) A/M L N/A	Y				
	Int Stops	9.2	(M/I) (A/M) L N/A	Y				
(1)	Win Int Sash	0.0	M/I A/M L N/A	Y				
2	Exterior Sill	8.2	(M/I) SF (L) N/A	Y				
3	Part Bead	0.3	M/I L N/A	Y				
4	Blind Stop	9.5	(M/I) SF (L) N/A	Y				
	Win Ext Sash	0.1	M/I L N/A	Y				
A	Window Sill	8.2	(M/I) (A/M) L N/A	Y				
B	Win Apron	/	A/M L N/A	Y				
(C)	Win Casing	9.3	(A/M) L N/A	Y				
D	Header Stop	9.1	(M/I) A/M L N/A	Y				
	Int Stops	8.9	(M/I) (A/M) L N/A	Y				
(1)	Win Int Sash	0.1	M/I A/M L N/A	Y				
2	Exterior Sill	9.5	(M/I) SF (L) N/A	Y				
3	Part Bead	0.0	M/I L N/A	Y				
4	Blind Stop	6.3	(M/I) SF (L) N/A	Y				
	Win Ext Sash	0.2	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				

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

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

LI/RA RepRoom. 8/08

Christine Caulfield — M-1950 — Chrisanne Caulfield — 12-01-14
Inspector (print) — Lic # — Signature — Date

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

Address of Property: 159 Charlesbank Rd Apt. # — City: Newton

ROOM # 7

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	04	A/M L N/A	Y				
A B C D	Low Walls	03	A/M L N/A	Y				
A B C D	Baseboards	02	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	CN	A/M L N/A	Y				
	Ceiling	9.9	A/M L N/A	Y				
A B	Door Rmp	9.0	A/M L N/A	Y				
C D	Door Casing	9.5	A/M L N/A	Y				
1 2	Door Jamb	9.9	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A B	Door	9.9	A/M L N/A	Y				
C D	Door Casing	9.7	A/M L N/A	Y				
1 2	Door Jamb	9.2	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A B	Door closet	9.0	A/M L N/A	Y				
C D	Door Casing	9.5	A/M L N/A	Y				
1 2	Door Jamb	9.9	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A B	Door Kit	9.5	A/M L N/A	Y				
C D	Door Casing	9.0	A/M L N/A	Y				
1 2	Door Jamb	8.7	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A	Closet Door	9.0	A/M L N/A	Y				
B	Cl Casing	9.5	A/M L N/A	Y				
C	Closet Jamb	9.9	A/M L N/A	Y				
D	Closet Walls	02	A/M L N/A	Y				
	Cl Baseboard	9.9	A/M L N/A	Y				
1	Closet Pole	9.9	A/M L N/A	Y				
2	Closet Shelf	9.0	A/M L N/A	Y				
3	Cl Supports	9.5	A/M L N/A	Y				
4	Closet Floor	CON	A/M L N/A	Y				
	Closet Ceiling	9.3	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
A	Window Sill	9.3	M/I A/M L N/A	Y				
B	Win Apron	/	A/M L N/A	Y				
C	Win Casing	9.5	A/M L N/A	Y				
D	Header Stop	9.9	M/I A/M L N/A	Y				
	Int Stops	9.9	M/I A/M L N/A	Y				
1	Win Int Sash	0.1	M/I A/M L N/A	Y				
2	Exterior Sill	8.1	M/I SF L N/A	Y				
3	Part Bead	0.4	M/I L N/A	Y				
4	Blind Stop	8.3	M/I SF L N/A	Y				
	Win Ext Sash	0.2	M/I L N/A	Y				
A	Window Sill	9.9	M/I A/M L N/A	Y				
B	Win Apron	/	A/M L N/A	Y				
C	Win Casing	9.2	A/M L N/A	Y				
D	Header Stop	9.0	M/I A/M L N/A	Y				
	Int Stops	8.7	M/I A/M L N/A	Y				
1	Win Int Sash	0.0	M/I A/M L N/A	Y				
2	Exterior Sill	8.0	M/I SF L N/A	Y				
3	Part Bead	0.2	M/I L N/A	Y				
4	Blind Stop	8.8	M/I SF L N/A	Y				
	Win Ext Sash	0.3	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				

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

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

LI/RA RepRoom, 8/08

Christine Caulfield — M-1950 — Christine Caulfield — 12-01-14 — Page 13 of 27

Inspector (print) — Lic # — Signature — Date

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

Address of Property: 159 Charlesbank Rd Apt. # — City Newton

ROOM # Kitchen #1

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	(*) CW	A/M L N/A	Y				
A B C D	Low Walls	5.4	A/M L N/A	Y				
A B C D	Baseboards	9.9	(A/M) (L) N/A	Y				
A B C D	Chair Rail	0.4	A/M L N/A	Y				
A B C D	Radiator	/	A/M L N/A	Y				
	Floor	CW	A/M L N/A	Y				
	Ceiling	DC	A/M L N/A	Y				
(A) B	Door to exit	0.1	A/M L N/A	Y				
C D	Door Casing	0.0	A/M L N/A	Y				
(1) 2	Door Jamb	0.0	A/M L N/A	Y				
3 4	Threshold	0.1	A/M L N/A	Y				
A B	Door Closet	9.6	(A/M) (L) N/A	Y				
C (D)	Door Casing	9.9	(A/M) (L) N/A	Y				
(1) 2	Door Jamb	9.0	(A/M) (L) N/A	Y				
3 4	Threshold	0.0	A/M L N/A	Y				
A B	Door	/	A/M L N/A	Y				
C (D)	Door Casing	9.9	(A/M) (L) N/A	Y				
1 (2)	Door Jamb	3.6	(A/M) (L) N/A	Y				
3 4	Threshold	0.8	A/M L N/A	Y				
(A) B	Door to Dem	/	A/M L N/A	Y				
C D	Door Casing	9.9	(A/M) L N/A	Y				
1 (2)	Door Jamb	9.9	(A/M) L N/A	Y				
3 4	Threshold	0.1	A/M L N/A	Y				
A	Closet Door	9.9	(A/M) L N/A	Y				
B	Cl Casing	9.2	(A/M) L N/A	Y				
C	Closet Jamb	9.3	(A/M) L N/A	Y				
(D)	Closet Walls	8.4	A/M (L) N/A	Y				
	Cl Baseboard	9.9	(A/M) (L) N/A	Y				
(1)	Closet Pole	/	A/M L N/A	Y				
2	Closet Shelf	9.2	(A/M) (L) N/A	Y				
3	Cl Supports	9.9	(A/M) (L) N/A	Y				
4	Closet Floor	CW	A/M L N/A	Y				
	Closet Ceiling	/	A/M L N/A	Y	-0.3			

COMMENTS / STRUCTURAL DEFECTS:

(*) test 5.9 but cw. w/ wallpaper

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELE METH
A	Window Sill	9.2	(M) (A/M) (L) N/A	Y				
(B)	Win Apron	9.9	(A/M) L N/A	Y				
C	Win Casing	9.5	(A/M) L N/A	Y				
D	Header Stop	0.0	A/M L N/A	Y				
	Int Stops	0.0	A/M L N/A	Y				
(1)	Win Int Sash	0.1	M A/M L N/A	Y				
2	Exterior Sill	..	M SF L N/A	Y				
3	Part Bead	0.1	M L N/A	Y				
4	Blind Stop	.	M SF L N/A	Y				
	Win Ext Sash	0.2	M L N/A	Y				
A	Window Sill	9.1	M A/M L N/A	Y				
B	Win Apron	9.9	A/M L N/A	Y				
(C)	Win Casing	9.9	A/M L N/A	Y				
D	Header Stop	0.0	M A/M L N/A	Y				
	Int Stops	0.2	M A/M L N/A	Y				
(1)	Win Int Sash	0.2	M A/M L N/A	Y				
2	Exterior Sill	9.3	(M) SF (L) N/A	Y				
3	Part Bead	0.3	M L N/A	Y				
4	Blind Stop	9.7	(M) SF (L) N/A	Y				
	Win Ext Sash	0.1	M L N/A	Y				
A	Window Sill	9.3	(M) (A/M) (L) N/A	Y	1-4-15	638		
B	Win Apron	9.9	(A/M) (L) N/A	Y				
C	Win Casing	9.2	(A/M) (L) N/A	Y				
(D)	Header Stop	9.9	(M) A/M (L) N/A	Y				
	Int Stops	9.9	(M) (A/M) (L) N/A	Y				
(1)	Win Int Sash	9.4	(M) (A/M) L N/A	Y				
2	Exterior Sill	8.1	(M) SF (L) N/A	Y				
3	Part Bead	8.9	(M) (L) N/A	Y				
4	Blind Stop	7.8	(M) SF (L) N/A	Y				
	Win Ext Sash	9.1	(M) (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 D	upper +	.	A/M L N/A	Y				
	lower	..	A/M L N/A	Y				
	cabinets	0.1	A/M L N/A	Y				

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

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

LI/RA RepRoom, 8/08

Christine Caulfield — M-1950 — Christine Caulfield — 12-01-14

Inspector (print) — Lic # — Signature — Date

p. 14 of 27

Risk Assessor (print) — Signature — Date

Address of Property: 159 Charlesbank Rd Apt. # — City: Newton

Kitchen #2

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.0	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	0.4	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	Cal	A/M L N/A	Y				
-	Ceiling	0.4	A/M L N/A	Y				
A B	Door	9.9	A/M L N/A	Y				
C D	Door Casing	9.9	A/M L N/A	Y				
1 2	Door Jamb	9.8	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A B	Door Bath	0.0	A/M L N/A	Y				
C D	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				
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				
D	door	9.8	A/M L N/A	Y				
D	d/casing	9.7	A/M L N/A	Y				
	door jamb	9.9	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				
B	d/casing	9.8	A/M L N/A	Y				
	d/jamb	9.7	A/M L N/A	Y				
A	d/casing	9.9	M/I A/M L N/A	Y				
	d/jamb	9.9	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
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				
1 2	Up Cab Shlvs	.	A/M L N/A	Y				
3 4	Supports	.	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				
1 2	Up Cab Shlvs	.	A/M L N/A	Y				
3 4	Supports	.	A/M L N/A	Y				
	Low Cab Fram	0.1	A/M L N/A	Y				
A B	Low Cab Door	0.4	A/M L N/A	Y				
C D	Low Cab Walls	0.1	A/M L N/A	Y				
	Low Cab Shlvs	0.0	A/M L N/A	Y				
1 2	Supports	0.0	A/M L N/A	Y				
3 4	Drawers	0.2	A/M L N/A	Y				
	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				
1 2	Supports	.	A/M L N/A	Y				
3 4	Drawers	.	A/M L N/A	Y				
	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				
1 2	Supports	.	A/M L N/A	Y				
3 4	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				
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				

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

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

LPRA RenPaint 8/08

Christine Caulfield | M-1950 | Christine Caulfield | 12-01-14 | Page 15 of 27
Inspector (print) | Lic # | Signature | Date

Risk Assessor (print) | Lic # | Signature | Date
Address of Property: 159 Charles bank Rd. # — City: Newton

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	CW	A/M L N/A	Y				
A B C D	Low Walls	99	(A/M) L N/A	Y				
A B C D	Baseboards	95	(A/M) L N/A	Y				
A B C D	Chair Rail	99	(A/M) L N/A	Y				
A B C D	Radiator	/	A/M L N/A	Y				
	Floor	00	A/M L N/A	Y				
	Ceiling	3.3	A/M (L) N/A	Y				
(A) B	Door Closet	92	(A/M) L N/A	Y				
C D	Door Casing	99	(A/M) L N/A	Y				
(1) 2	Door Jamb	99	(A/M) L N/A	Y				
3 4	Threshold	6.2	A/M L N/A	Y				
(A) B	Door Hall	60	A/M L N/A	Y				
C D	Door Casing	0.1	A/M L N/A	Y				
(2)	Door Jamb	00	A/M L N/A	Y				
3 4	Threshold	0.1	A/M L N/A	Y				
A B	Door	99	(A/M) L N/A	Y				
(C) D	Door Casing	99	(A/M) L N/A	Y				
(1) 2	Door Jamb	92	(A/M) L N/A	Y				
3 4	Threshold	02	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	92	(A/M) L N/A	Y				
B	Cl Casing	99	(A/M) L N/A	Y				
C	Closet Jamb	95	(A/M) L N/A	Y				
D	Closet Walls	CW	A/M L N/A	Y				
	Cl Baseboard	99	(A/M) (L) N/A	Y				
(1)	Closet Pole	/	A/M L N/A	Y				
2	Closet Shelf	00	A/M L N/A	Y				
3	Cl Supports	02	A/M L N/A	Y				
4	Closet Floor	0.1	A/M L N/A	Y				
	Closet Ceiling	0.3	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	92	(M/I) (A/M) L N/A	Y				
B	Win Apron	99	(A/M) L N/A	Y				
C	Win Casing	99	(A/M) L N/A	Y				
(D)	Header Stop	95	(M/I) (A/M) L N/A	Y				
	Int Stops	92	(M/I) (A/M) L N/A	Y				
(1)	Win Int Sash	02	M/I A/M L N/A	Y				
2	Exterior Sill	93	(M/I) SF (L) N/A	Y				
3	Part Bead	02	M/I L N/A	Y				
4	Blind Stop	99	(M/I) SF (L) N/A	Y				
	Win Ext Sash	00	M/I L N/A	Y				
	Newel Post	/	A/M L N/A	Y				
	Railing Cap	/	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	/	A/M L N/A	Y				
	Lower rail	/	A/M L N/A	Y				
	Treads	/	A/M L N/A	Y				
	Risers	/	A/M L N/A	Y				
	Stringer	/	A/M L N/A	Y				
	Floor Edge	/	A/M L N/A	Y				
	Floor Casing	/	A/M L N/A	Y				
B	Upper Cabinet	0.1	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

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

LBRA Rev. 2008

Christine Caulfield — M-1950 — Christine Caulfield — 12-01-14 — Page 16 of 27

Inspector (print) — Lic # — Signature — Date

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

Address of Property: 159 Charlesbank Rd Apt. # ____ City Newton

ROOM # 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	00	A/M L N/A	Y				
A B C D	Low Walls	04	A/M L N/A	Y				
A B C D	Baseboards	05	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	CW	A/M L N/A	Y				
	Ceiling	-04	A/M L N/A	Y				
A B	Door	01	A/M L N/A	Y				
C D	Door Casing	01	A/M L N/A	Y				
1 2	Door Jamb	00	A/M L N/A	Y				
3 4	Threshold	00	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				

COMMENTS / STRUCTURAL DEFECTS:

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A	Window Sill	9.3	M/I A/M L N/A	Y				
B	Win Apron	9.9	A/M L N/A	Y				
C	Win Casing	9.5	A/M L N/A	Y				
D	Header Stop	8.1	M/I A/M L N/A	Y				
	Int Stops	8.1	M/I A/M L N/A	Y				
1	Win Int Sash	00	M/I A/M L N/A	Y				
2	Exterior Sill	9.2	M/I SF L N/A	Y				
3	Part Bead	0.0	M/I L N/A	Y				
4	Blind Stop	9.9	M/I SF L N/A	Y				
	Win Ext Sash	02	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	.	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	upper	.	A/M L N/A	Y				
	cabinet	01	A/M L N/A	Y				
		.	A/M L N/A	Y				

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

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

LIRA RepRoom, 8/08

JOHN A. YOUNG I3559 John A. Young 8/6/01 Page 6 of 17 #27

Inspector (print) Lic # Signature Date

Address of Lead Inspection 159 CHARLESBANK ROAD Apt # — City NEWTON

HALLWAY ~~A~~ Front Hall

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
A,B,C,D	Up walls	COV	AM L	V/N, PAPER		
	Low Walls	0.1	AM L			
A,B,C,D	Baseboards	9.9	(AM) (L)		4/6/01	SCR
	Chair rail	0.1	AM L			
	Radiator	/	AM L			
	Floor	COV	AM L			
	Ceiling	NA	AM (L)		4/6/01	MI
	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
A	Door	9.9	(AM) (L)		4/3/01	REP
	Door Casing	9.9	(AM) (L)		4/3/01	REP
	Door Jamb	9.9	(AM) (L)		4/3/01	REP
	Threshold	9.9	AM (L)		4/3/01	REP
C	Door	/	AM L			
	Door Casing	9.9	(AM) (L)		4/3/01	REP
	Door Jamb	9.9	(AM) (L)		4/3/01	REP.
	Threshold	/	AM L		4/3/01	REP
B	Door	9.9	(AM) (L)		4/6/01	REP
	Door Casing	9.9	(AM) (L)		4/6/01	REP.
	Door Jamb	9.9	(AM) (L)		4/6/01	REP
	Threshold	0.0	AM L			
	Window Sill		MI AM L			
	Apron		AM L			
	Win Casing		AM L			
	Win Header		MI AM L			
	Int Stops		MI AM L			
	Win Int Sash		MI AM L			
	Exterior Sill		MI L			
	Part Bead		MI L			
	Blind Stop		MI L			
	Win Ext Sash		MI L			

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
	Window Sill		MI AM L			
	Apron		AM L			
	Win Casing		AM L			
	Win Header		MI AM L			
	Int Stops		MI AM L			
	Win Int Sash		MI AM L			
	Exterior Sill		MI L			
	Part Bead.		MI L			
	Blind Stop		MI L			
	Win Ext Sash		MI L			
	Closet Door		AM L			
	Cl Casing		AM L			
	Closet Jamb		AM L			
	Closet Walls		AM L			
	Cl Baseboard		AM L			
	Closet Pole		AM L			
	Closet Shelf		AM L			
	Cl Supports		AM L			
	Closet Floor		L			
	Cl Ceiling		L			
	Closet Door		AM L			
	Cl Casing		AM L			
	Closet Jamb		AM L			
	Closet Walls		AM L			
	Cl Baseboard		AM L			
	Closet Pole		AM L			
	Closet Shelf		AM L			
	Cl Supports		AM L			
	Closet Floor		L			
	Cl Ceiling		L			

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

SIDE	LOCATION	MEASURE LOOSE PAINT (MORE THAN 25 SQ. FT.)	DELEAD DATE	DELEAD METHOD

SIDE	LOCATION	MEASURE LOOSE PAINT (MORE THAN 25 SQ. FT.)	DELEAD DATE	DELEAD METHOD

JOHN A. YOUNG I3559 John A. Young 8/6/01 Page 1 of 18 of 27
Inspector (print) Lic # Signature Date

Address of Lead Inspection 159 CHARLES BANK RD Apt # — City NEWTON

HALLWAY (2) 2nd floor hall

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
A B C D	Up walls	COV	AM L	VIN PANEL		
	Low Walls	0.1	AM L			
A B C D	Baseboards	99	(AM) O		4/6/01	SCR
	Chair rail	0.1	AM L			
	Radiator	/	AM L			
	Floor	COV	AM L			
	Ceiling	NA	AM (O)/		4/3/01	MI
BL	Door	9.9	(AM) O		4/5/01	REP
	Door Casing	9.9	(AM) O		4/5/01	REP
	Door Jamb	9.9	(AM) O		4/5/01	REP
	Threshold	9.9	(AM) O		4/5/01	REP
BR	Door	9.9	(AM) O		4/5/01	REP
	Door Casing	9.9	(AM) O		4/5/01	REP
	Door Jamb	9.9	(AM) O		4/5/01	REP
	Threshold	9.9	(AM) O		4/5/01	REP
C	Door	9.9	(AM) O		4/5/01	REP
	Door Casing	9.9	(AM) O		4/5/01	REP
	Door Jamb	9.9	(AM) O		4/5/01	REP
	Threshold	9.9	(AM) O		4/5/01	REP
	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
	Window Sill		MI AM L			
	Apron		AM L			
	Win Casing		AM L			
	Win Header		MI AM L			
	Int Stops		MI AM L			
	Win Int Sash		MI AM L			
	Exterior Sill		MI L			
	Part Bead		MI L			
	Blind Stop		MI L			
	Win Ext Sash		MI L			

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
	Window Sill		MI AM L			
	Apron		AM L			
	Win Casing		AM L			
	Win Header		MI AM L			
	Int Stops		MI AM L			
	Win Int Sash		MI AM L			
	Exterior Sill		MI L			
	Part Bead		MI L			
	Blind Stop		MI L			
	Win Ext Sash		MI L			
	Closet Door		AM L			
	Cl Casing		AM L			
	Closet Jamb		AM L			
	Closet Walls		AM L			
	Cl Baseboard		AM L			
	Closet Pole		AM L			
	Closet Shelf		AM L			
	Cl Supports		AM L			
	Closet Floor		L			
	Cl Ceiling		L			
	Closet Door		AM L			
	Cl Casing		AM L			
	Closet Jamb		AM L			
	Closet Walls		AM L			
	Cl Baseboard		AM L			
	Closet Pole		AM L			
	Closet Shelf		AM L			
	Cl Supports		AM L			
	Closet Floor		L			
	Cl Ceiling		L			

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

SIDE	LOCATION	MEASURE LOOSE PAINT (MORE THAN 298 SQ IN)	DELEAD DATE	DELEAD METHOD

SIDE	LOCATION	MEASURE LOOSE PAINT (MORE THAN 298 SQ IN)	DELEAD DATE	DELEAD METHOD

Christine Caulfield — M-1950 — Christine Caulfield — 12-01-14 — Page 19 of 27

Inspector (print) — Lic # — Signature — Date

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

Address of Property: 159 Charlesbank Rd Apt. # — City: Newton

HALLWAY: Interior # 2 or Common Hallway: Front Rear Floor # Bsmt

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	CW	A/M L N/A	Y				
A B C D	Low Walls	CW	A/M L N/A	Y				
A B C D	Baseboards	VB	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	CW	A/M L N/A	Y				
	Ceiling	99	A/M L N/A	Y				
A B	Door ext	01	A/M L N/A	Y				
C D	Door Casing	00	A/M L N/A	Y				
1 2	Door Jamb	02	A/M L N/A	Y				
3 4	Threshold	01	A/M L N/A	Y				
A B	Door Rm 6	99	A/M L N/A	Y				
C D	Door Casing	90	A/M L N/A	Y				
1 2	Door Jamb	99	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 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	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				
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 C D	Win Above 5'	/	M/I A/M L N/A	Y				
A B C D	Ceiling Molding	/	M/I 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

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

LIRA RepHall, 8/08

Christine Caulfield — M-1950 — Christine Caulfield — 12-01-14 — Page 20 of 27

Inspector (print) — Lic # — Signature — Date

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

Address of Property: 159 Charlesbank Rd Apt. # — City: Newton

HALLWAY: Interior # 3 or Common Hallway: Front Rear Floor # (Bsmt Rear hall)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	0.3	A/M L N/A	Y				
A B C D	Low Walls	04	A/M L N/A	Y				
A B C D	Baseboards	0.3	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	00	A/M L N/A	Y				
	Ceiling	8.0	A/M L N/A	Y				
A B	Door Rm 7	90	A/M L N/A	Y				
C D	Door Casing	90	A/M L N/A	Y				
1 2	Door Jamb	92	A/M L N/A	Y				
3 4	Threshold	/	A/M L N/A	Y				
A B	Door ext.	00	A/M L N/A	Y				
C D	Door Casing	0.3	A/M L N/A	Y				
1 2	Door Jamb	0.1	A/M L N/A	Y				
3 4	Threshold	00	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				
#	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	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				
A	Window Sill	9.3	VI A/M L N/A	Y				
B	Win Apron	9.9	A/M L N/A	Y				
C	Win Casing	98	A/M L N/A	Y				
D	Header Stop	9.2	VI A/M L N/A	Y				
	Int Stops	99	VI A/M L N/A	Y				
1	Win Int Sash	00	M/I A/M L N/A	Y				
2	Exterior Sill	8.0	VI SF L N/A	Y				
3	Part Bead	8.1	VI L N/A	Y				
4	Blind Stop	8.7	VI SF L N/A	Y				
	Win Ext Sash	02	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 C D	Win Above 5'		M/I A/M L N/A	Y				
A B C D	Ceiling Molding	.	M/I 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

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

L/RA RepHall, 8/08

JOHN A. YOUNG I 3559 John A Young 8/6/01 Page 8 of 1 21 of 27

Inspector (print) Lic # Signature Date

Address of Lead Inspection 159 CHARLESBANK RD Apt # — City NEWTON

STAIRCASE 1ST FLOOR TO 2ND FLOOR

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
CD	Up walls	LOU	AM L			
CD	Low Walls	0.1	AM L			
CD	Baseboards	9 9	AM (D)		4/4/02	REP
CD	Chair rail	0.0	AM L			
	Radiator	—	AM L			
	Floor		AM L			
	Ceiling		AM L			
	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
	Window Sill		MI AM L			
	Apron		AM L			
	Win Casing		AM L			
	Win Header		MI AM L			
	Int Stops		MI AM L			
	Win Int Sash		MI AM L			
	Exterior Sill		MI L			
	Part Bead		MI L			
	Blind Stop		MI L			
	Win Ext Sash		MI L			

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
	Window Sill		MI AM L			
	Apron		AM L			
	Win Casing		AM L			
	Win Header		MI AM L			
	Int Stops		MI AM L			
	Win Int Sash		MI AM L			
	Exterior Sill		MI L			
	Part Bead		MI L			
	Blind Stop		MI L			
	Win Ext Sash		MI L			
	Closet Door		AM L			
	Cl Casing		AM L			
	Closet Jamb		AM L			
	Closet Walls		AM L			
	Cl Baseboard		AM L			
	Closet Pole		AM L			
	Closet Shelf		AM L			
	Cl Supports		AM L			
	Closet Floor		L			
	Closet Ceiling		L			
	Newel Post	0.0	AM L			
	Railing Cap	0.0	AM L			
	Handrail	0.0	AM L			
CD	Balusters	9 9	AM (D)		4/5/02	REP
	Lower rail	—	AM L			
	Treads	9 9	AM (D)		4/5/02	REP
	Risers	9 9	AM (D)		4/6/02	REP REV
	Stringer	9 9	AM (D)		4/4/02	REP
	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			

BOTTOM RISER COVERED, REST REPLACED

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.)	DELEAD DATE	DELEAD METHOD

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

Christine Caulfield — M-1950 — Christine Caulfield — 12-01-14
Inspector (print) — Lic # — Signature — Date

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

Address of Property: 159 Charlesbank Rd Apt. # — City: Newton

STAIRCASE 1st to bsmt (+ Laundry at foot of steps)

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	URG HAZ?	IC DATE	IC METH	DELEAD DATE	DELEAD METH
A B C D	Up Walls	9.9	A/M L N/A	Y				
A B C D	Low Walls	9.3	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	0.2	A/M L N/A	Y				
A B	Door	/	A/M L N/A	Y				
C D	Door Casing	9.0	A/M L N/A	Y				
1 2	Door Jamb	9.9	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	0.2	A/M L N/A	Y				
1 2	Door Jamb	0.1	A/M L N/A	Y				
3 4	Threshold	0.1	A/M L N/A	Y				
A B	Door exit	0.3	A/M L N/A	Y				
C D	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	0.1	A/M L N/A	Y				
A B	Door under steps	9.9	A/M L N/A	Y				
C D	Door Casing	9.7	A/M L N/A	Y				
1 2	Door Jamb	9.8	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	9.3	A/M L N/A	Y	under steps			
B	Cl Casing	9.9	A/M L N/A	Y				
C	Closet Jamb	9.9	A/M L N/A	Y				
D	Closet Walls	OK	A/M L N/A	Y				
	Cl Baseboard	NA	A/M L N/A	Y				
1	Closet Pole	NA	A/M L N/A	Y				
2	Closet Shelf	NA	A/M L N/A	Y				
3	Cl Supports	NA	A/M L N/A	Y				
4	Closet Floor	CN	A/M L N/A	Y				
	Closet Ceiling	0.0	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	9.3	M/I A/M L N/A	Y				
B	Win Apron	/	A/M L N/A	Y				
C	Win Casing	9.9	A/M L N/A	Y				
D	Header Stop	9.2	M/I A/M L N/A	Y				
	Int Stops	9.9	M/I A/M L N/A	Y				
1	Win Int Sash	9.5	M/I A/M L N/A	Y				
2	Exterior Sill	9.0	M/I SF L N/A	Y				
3	Part Bead	9.1	M/I L N/A	Y				
4	Blind Stop	9.2	M/I SF L N/A	Y				
	Win Ext Sash	9.0	M/I L N/A	Y				
A	Window Sill	9.1	M/I A/M L N/A	Y				
B	Win Apron	/	A/M L N/A	Y				
C	Win Casing	8.3	A/M L N/A	Y				
D	Header Stop	9.1	M/I A/M L N/A	Y				
	Int Stops	9.9	M/I A/M L N/A	Y				
1	Win Int Sash	9.2	M/I A/M L N/A	Y				
2	Exterior Sill	9.9	M/I SF L N/A	Y				
3	Part Bead	9.5	M/I L N/A	Y				
4	Blind Stop	9.9	M/I SF L N/A	Y				
	Win Ext Sash	9.0	M/I L N/A	Y				
	Newel Post	0.0	A/M L N/A	Y				
	Railing Cap	0.3	A/M L N/A	Y				
	Handrail	/	A/M L N/A	Y				
	Balusters	/	A/M L N/A	Y				
	Lower rail	/	A/M L N/A	Y				
	Treads	4.3	A/M L N/A	Y				
	Risers	2.5	A/M L N/A	Y				
	Stringer	9.9	A/M L N/A	Y				
	Floor Edge	0.0	A/M L N/A	Y				
	Floor Casing	0.2	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

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

LIRA Repstain, 8/08

JOHN A. YOUNG I3559 [signature] 8/6/01 Page 23 of 37
Inspector (print) Lic # Signature Date

Address of Lead Inspection 159 CHARLESBANK RD Apt # — City NEWTON

PORCH

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
AC	Siding	9.9	(L)			
AC	Corner Boards	9.9	(L)			
AC	Upper Trim	N/A	L			
	Ceiling		L			
	Joists		L			
A	Door	NA	(AM) (L)	SIDE ENTRY		
	Storm Door	N/A	(AM) (L)			
	Door Casing	9.9	(AM) (L)	SEE		
	Door Jamb	9.9	(AM) (L)	AR		
	Threshold	0.3	AM L			
	Kickplate	9.9	(AM) (L)			
	Door		AM L			
	Storm Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
	Kickplate		AM L			
	Window Sill	8.8	(AM) (L)	SEE		
	Win Casing	6.5	(AM) (L)	DL		
	Window Sash	9.9	(AM) (L)			
	Mullions		AM L			
	Window Sill		AM L			
	Win Casing		AM L			
	Window Sash		AM L			
	Mullions		AM L			
	Window Sill		AM L			
	Win Casing		AM L			
	Window Sash		AM L			
	Mullions		AM L			
	Window Sill		AM L			
	Win Casing		AM L			
	Window Sash		AM L			
	Mullions		AM L			

COMMENTS:

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
	Support Cmns	NC	AM L			
	Newel post	0.3	AM L			
	Railing Cap	0.1	AM L			
	Handrail	0.1	AM L			
	Balusters	0.2	AM L			
	Lower Rail	0.1	AM L			
	Treads	0.1	AM L			
	Risers	0.0	AM L			
	Stringer	0.2	AM L			
	Low Walls		AM L			
	Lattice		AM L			
	Low Trim	0.1	L			
	Floor	0.1	L			
	Threshold		AM L			

COMMENTS:

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

SIDE	LOCATION	MEASURE LOOSE PAINT (MORE THAN 1440 SQ IN)	DELEAD DATE	DELEAD METHOD

SIDE	LOCATION	MEASURE LOOSE PAINT (MORE THAN 1440 SQ IN)	DELEAD DATE	DELEAD METHOD

JOHN A. YOUNG L3559 John A Young 8/6/01 Page 9 of 13
Inspector (print) Lic # Signature Date 24 of 27

Address of Lead Inspection 159 CHARLESBANK RD Apt # — City NEWTON

EXTERIOR

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD		COMMENTS	DELEAD DATE	DELEAD METHOD
A	Siding	9.9		(L)			
	Corner Boards	9.9		(L)			
	Lower Trim			L			
	Upper Trim	NA		(L)			
	Win above 5'	NA		(L)			
	Porch above 5'			L			
A	Storm Door		AM	L			
	Door	3.8	(AM)	(L)			
	Door Casing	9.9	(AM)	(L)			
	Door Jamb	9.9	(AM)	(L)			
	Threshold	0.3	AM	L			
	Kickplate	9.9	AM	(L)			
A	Storm Door	ALUM	AM	L			
	Door	NA	(AM)	(L)	SIDE ENTRY		
	Door Casing	9.0	(AM)	L			
	Door Jamb	NA	AM	(L)			
	Threshold	7.0	(AM)	(L)			
	Kickplate		AM	L			
A	Door		AM	L			
	Door Casing		AM	L			
	Door Jamb		AM	L			
	Threshold		AM	L			
A	Door		AM	L			
	Door Casing		AM	L			
	Door Jamb		AM	L			
	Threshold		AM	L			
A	Window Sill		AM	L			
	Win Casing		AM	L			
	Window Sash		AM	L			
A	Window Sill	3.6	(AM)	(L)			
	Win Casing	7.6	AM	(L)			
	Window Sash	9.9	(AM)	L			

COMMENTS: A/P DOOR ALSO ON PORCH PAPE

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD		COMMENTS	DELEAD DATE	DELEAD METHOD
A	Window Sill	7.1	(AM)	(L)			
	Win Casing	9.9	AM	(L)			
	Window Sash	9.9	(AM)	(L)			
A	Window Sill		AM	L			
	Win Casing		AM	L			
	Window Sash		AM	L			
A	Cellar Win Sill		AM	L			
	Cel Win Sash		AM	L			
	Cel Win Frame		AM	L			
A	Cellar Win Sill		AM	L			
	Cel Win Sash		AM	L			
	Cel Win Frame		AM	L			
A	Cellar Win Sill		AM	L			
	Cel Win Sash		AM	L			
	Cel Win Frame		AM	L			
A	Cellar Win Sill		AM	L			
	Cel Win Sash		AM	L			
	Cel Win Frame		AM	L			
A	Foundation	COV		L			
A	Buttrhead		AM	L			
A	Fences		AM	L			
A	Shutters	0.1	AM	L			
A	Newel post		AM	L			
	Railing Cap		AM	L			
	Handrail		AM	L			
	Balusters		AM	L			
	Lower Rail		AM	L			
	Treads		AM	L			
	Risers		AM	L			
	Stringer		AM	L			
A	EROUT STEP	NC	AM	L	CONC		
A	SIDELITES	9.9	(AM)	(L)			

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

SIDE	LOCATION	MEASURE LOOSE PAINT (MORE THAN 1440 SQ IN)	DELEAD DATE	DELEAD METHOD
	ENTIRE EXTERIOR EXCEPT DOORS & WINDOWS			

SIDE	LOCATION	MEASURE LOOSE PAINT (MORE THAN 1440 SQ IN)	DELEAD DATE	DELEAD METHOD
A				
A				
A				

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Address of Lead Inspection 159 CHARLESBANK RD Apt # — City NEWTON

EXTERIOR

SIDE B	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
B	Siding	9.9	(L)			
	Corner Boards	9.9	(L)			
	Lower Trim	9.9	(L)			
	Upper Trim	NA	(L)			
	Win above 5'	NA	(L)			
	Porch above 5'		L			
B	Storm Door		AM L			
	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
	Kickplate		AM L			
B	Storm Door		AM L			
	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
	Kickplate		AM L			
B	Door	9.9	(AM) (L)			
	Door Casing	9.9	(AM) (L)			
	Door Jamb	9.9	(AM) (L)			
	Threshold	NC	AM L	CONC		
B	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
B R	Window Sill	1.6	(AM) (L)			
	Win Casing	9.9	(AM) (L)			
	Window Sash	9.9	(AM) (L)			
B L	Window Sill	9.9	(AM) (L)			
	Win Casing	9.9	(AM) (L)			
	Window Sash	9.9	(AM) (L)			

COMMENTS:

SIDE B	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
B	Window Sill		AM L			
	Win Casing		AM L			
	Window Sash		AM L			
B	Window Sill		AM L			
	Win Casing		AM L			
	Window Sash		AM L			
B	Cellar Win Sill	NA	AM L			
	Cel Win Sash	NA	AM L			
	Cel Win Frame	NA	AM L			
B	Cellar Win Sill		AM L			
	Cel Win Sash		AM L			
	Cel Win Frame		AM L			
B	Cellar Win Sill		AM L			
	Cel Win Sash		AM L			
	Cel Win Frame		AM L			
B	Cellar Win Sill		AM L			
	Cel Win Sash		AM L			
	Cel Win Frame		AM L			
B	Foundation	5.9	(L)			
B	Bulkhead		AM L			
B	Fences	NC	AM L			
B	Shutters		AM L			
B	Newel post		AM L			
	Railing Cap		AM L			
	Handrail	0.1	AM L			
	Balusters		AM L			
	Lower Rail		AM L			
	Treads	NC	AM L	CONC		
	Risers	NC	AM L	CONC		
	Stringer		AM L			
B	RAIL SUPP.	0.1	AM L			
B	BRACKETS	9.9	(AM) (L)			
B/C	BEACH	5.4	(AM) L	OLD SHUTTER AN BLOCK		
B	DOWNSPOUTS	0.7	AM L			

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

SIDE B	LOCATION	MEASURE LOOSE PAINT (MORE THAN 1/10 SQ. IN.)	DELEAD DATE	DELEAD METHOD
B	ENTIRE	EXTERIOR		
B	EXCEPT	DOORS & WINDOWS		
B				

SIDE B	LOCATION	MEASURE LOOSE PAINT (MORE THAN 1/10 SQ. IN.)	DELEAD DATE	DELEAD METHOD
B				
B				
B				

JOHN A YOUNG I-3559 John A Young 8/6/01 Page A of 1- 26 of 27

Inspector (print) Lic # Signature Date

Address of Lead Inspection 159 CHARLESBANK RD Apt # ____ City NEWTON

EXTERIOR

SIDE C	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
C	Siding	9.9	(L)			
	Corner Boards	9.9	(L)			
	Lower Trim	/	L			
	Upper Trim	9.9	(L)			
	Win above 5'	N A	(L)			
	Porch above 5'	/	L			
C	Storm Door	/	A/M L			
	Door	9.9	(A/M) (L)			
	Door Casing	9 9	(A/M) (L)			
	Door Jamb	9.9	(A/M) (L)			
	Threshold	N C	A/M L	CONC		
	Kickplate	/	A/M L			
C	Storm Door		A/M L			
	Door		A/M L			
	Door Casing		A/M L			
	Door Jamb		A/M L			
	Threshold		A/M L			
	Kickplate		A/M L			
C	Door		A/M L			
	Door Casing		A/M L			
	Door Jamb		A/M L			
	Threshold		A/M L			
C	Door		A/M L			
	Door Casing		A/M L			
	Door Jamb		A/M L			
	Threshold		A/M L			
C	Window Sill	9.9	(A/M) (L)			
	Win Casing	9.9	(A/M) (L)			
	Window Sash	9 9	(A/M) (L)	STORM		
C	Window Sill	9.9	(A/M) (L)			
	Win Casing	9 9	(A/M) (L)			
	Window Sash	9.9	(A/M) (L)			

COMMENTS:

SIDE C	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
C	Window Sill		A/M L			
	Win Casing		A/M L			
	Window Sash		A/M L			
C	Window Sill		A/M L			
	Win Casing		A/M L			
	Window Sash		A/M L			
C	Cellar Win Sill		A/M L			
	Cel Win Sash		A/M L			
	Cel Win Frame		A/M L			
C	Cellar Win Sill		A/M L			
	Cel Win Sash		A/M L			
	Cel Win Frame		A/M L			
C	Cellar Win Sill		A/M L			
	Cel Win Sash		A/M L			
	Cel Win Frame		A/M L			
C	Cellar Win Sill		A/M L			
	Cel Win Sash		A/M L			
	Cel Win Frame		A/M L			
C	Foundation	9.9	L			
C	Bulkhead	/	A/M L			
C	Fences	/	A/M L			
C	Shutters	/	A/M L			
C	Newel post		A/M L			
	Railing Cap		A/M L			
	Handrail		A/M L			
	Balusters		A/M L			
	Lower Rail		A/M L			
	Treads		A/M L			
	Risers		A/M L			
	Stringer		A/M L			

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

SIDE C	LOCATION	MEASURE LOOSE PAINT (MORE THAN 1440 SQ IN)	DELEAD DATE	DELEAD METHOD
C	ENTIRE	EXTERIOR		
C	EXCEPT	WINDOWS & DOORS		
C				

SIDE C	LOCATION	MEASURE LOOSE PAINT (MORE THAN 1440 SQ IN)	DELEAD DATE	DELEAD METHOD
C				
C				
C				

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Inspector (print) — Lic # — Signature — Date

Address of Lead Inspection 159 CHARLESBANK RD — Apt # — City NEWTON

EXTERIOR

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
D	Siding	9.9	D			
	Corner Boards	9.9	D			
	Lower Trim		L			
	Upper Trim	NA	D			
	Win above 5'	NA	D			
	Porch above 5'		L	SEE PORCH		
D	Storm Door		AM L			
	Door	9.9	AM L			
	Door Casing	9.9	AM L			
	Door Jamb	9.9	AM L			
	Threshold		AM L			
	Kickplate		AM L			
D	Storm Door		AM L			
	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
	Kickplate		AM L			
D	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
D	Door		AM L			
	Door Casing		AM L			
	Door Jamb		AM L			
	Threshold		AM L			
D L	Window Sill	8.8	AM D			
	Win Casing	6.5	AM D			
	Window Sash	9.9	AM D			
D M	Window Sill	9.9	AM D			
	Win Casing	9.9	AM D			
	Window Sash	COV	AM D			

COMMENTS: D WINDOW ON PORCH ON PORCH PAGE

SIDE	LOCATION/ SURFACE	LEAD	TYPE OF HAZARD	COMMENTS	DELEAD DATE	DELEAD METHOD
D R	Window Sill	5.4	AM D			
	Win Casing	9.9	AM D			
	Window Sash	COV	AM D	COV BY STORM		
D	Window Sill		AM L			
	Win Casing		AM L			
	Window Sash		AM L			
D	Cellar Win Sill		AM L			
	Cel Win Sash		AM L			
	Cel Win Frame		AM L			
D L	Cellar Win Sill	9.9	AM D			
	Cel Win Sash	NA	AM D			
	Cel Win Frame	9.9	AM D			
D R	Cellar Win Sill	9.9	AM D			
	Cel Win Sash	NA	AM D			
	Cel Win Frame	9.9	AM D			
D	Cellar Win Sill		AM L			
	Cel Win Sash		AM L			
	Cel Win Frame		AM L			
D	Foundation	9.9	L			
D	Bulkhead		AM L			
D	Fences		AM L			
D	Shutters		AM L			
D	Newel post		AM L			
	Railing Cap		AM L			
	Handrail		AM L			
	Balusters		AM L			
	Lower Rail		AM L			
	Treads		AM L			
	Risers		AM L			
	Stringer		AM L			
D	WINDOW GRILLE	0.2				
AD	WOOD OUT. WALL	9.9	AM D			
D	WOOD STORM DM	9.9				
D	DOWNSPOUTS	0.2	AM L			

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

SIDE	LOCATION	MEASURE LOOSE PAINT	DELEAD DATE	DELEAD METHOD
D	ENTIRE SIDE EXCEPT WINDOWS & DOORS			
D				
D				

SIDE	LOCATION	MEASURE LOOSE PAINT	
D			
D			
D			

EXHIBIT B

SECTION 3 OF HOUSING AND URBAN DEVELOPMENT ACT OF 1968

A. The improvements hereunder are funded by federal financial assistance from the U.S. Department of Housing and Urban Development. As such, the improvements are subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968 as amended, 12 U.S.C. 170. Section 3. The purpose of Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (section 3) is to ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations, be directed to low- and very low-income persons, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low- and very low- income persons. **For the purposes of this Agreement, a low- income household of one means a household whose income does not exceed $33,050, a moderate-income household of one means a household whose income does not exceed $47,150.**

B. The parties to this Agreement will comply with the provisions of the Act and the regulations issued pursuant thereto by the Secretary of Housing and Urban Development, and all applicable rules and orders of HUD. The parties agree that they are under no contractual or other obligation that would prevent compliance with these the Act.

C. The Contractor agrees to send to each labor organization or representative of workers with which he has a collective bargaining agreement or other contract a notice that notifies the organization or workers representative of the Act. The Contractor further agrees to post copies of the notice in conspicuous places available to employees and applicants for employment and training.

D. The Contractor shall ensure that references to the applicable sections of the Act are in every subcontract in connection with the project. The Contractor agrees to take appropriate action, including legal action, in the event the subcontractor is in violation of 24 CFR 135. The Contractor shall not subcontract with any subcontractor where there is notice or actual knowledge that the subcontractor is in violation of the Act.

E. Compliance with the provisions of Section 3, the regulations set forth in 24 CFR 135, and all applicable rules and orders of the Department issued thereunder prior to the execution of the contract shall be a condition of the Federal financial assistance provided to the project, binding upon the applicant or recipient for such assistance, his successors, and assigns. Failure to fulfill these requirements shall subject the applicant or recipient, his contractor and subcontractors, his successors, and assigns to those sanctions specified by the grant or loan agreement or contract through which Federal assistance is provided, and to such sanctions as are specified by 24 CFR 135.

EXHIBIT C

EXECUTIVE ORDER 11246 OF SECRETARY OF LABOR: CONTRACTOR'S AGREEMENTS

A. The Contractor shall comply with all provisions of Executive Order 11246 of September 24, 1965, and the rules, regulations, and relevant orders of the Secretary of Labor. Section 202 of the provisions of Executive Order 11246 of Sept. 24, 1965, appear at 30 FR 12319, 12935, 3 CFR, 1964 - 1965 Comp., p. 339.

B. In the event of the Contractor's noncompliance with the Executive Order, or with any related rules, regulations, or orders, this Agreement may be canceled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further Government contracts.

C. All Government contracting agencies shall include in every Government contract hereafter entered into the following provisions:

During the performance of this contract, the contractor agrees as follows:

(1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.

(2) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin.

(3) The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under Section 202 of The provisions of Executive Order 11246 of Sept. 24, 1965, appear at 30 FR 12319, 12935, 3 CFR, 1964 - 1965 Comp., p. 339, unless otherwise noted.

CERTIFICATE OF AUTHORITY - CORPORATE

1. I hereby certify that I am the Clerk/Secretary of _____
(insert full name of Corporation)

2. corporation, and that _____
(insert the name of officer who signed the **contract and bonds**.)

3. is the duly elected _____
(insert the title of the officer in line 2)

4. of said corporation, and that on _____
(insert a date that is ***ON OR BEFORE*** the date the officer signed the **contract and bonds**.)

at a duly authorized meeting of the Board of Directors of said corporation, at which all the directors were present or waived notice, it was voted that

5. _____ the _____
(insert **name** from line 2) (insert **title** from line 3)

of this corporation be and hereby is authorized to execute contracts and bonds in the name and on behalf of said corporation, and affix its Corporate Seal thereto, and such execution of any contract of obligation in this corporation's name and on its behalf, with or without the Corporate Seal, shall be valid and binding upon this corporation; and that the above vote has not been amended or rescinded and remains in full force and effect as of the date set forth below.

6. ATTEST: _____ *AFFIX CORPORATE SEAL HERE*
(Signature of **Clerk or Secretary**)*

7. Name: _____
(Please print or type name in line 6)*

8. Date: _____
(insert a date that is ***ON OR AFTER*** the date the officer signed the **contract and bonds**.)

* The name and signature inserted in lines 6 & 7 must be that of the Clerk or Secretary of the corporation.

CERTIFICATION OF TAX COMPLIANCE

The undersigned acting on behalf of the Contractor certifies under the penalties of perjury that the Contractor is in compliance with all laws of the Commonwealth relating to taxes including payment of all local taxes, fees, assessments, betterments and any other local or municipal charges (unless the Contractor has a pending abatement application or has entered into a payment agreement with the entity to which such charges were owed), reporting of employees and contractors, and withholding and remitting child support.*

_____
**Signature of Individual
or Corporate Contractor (Mandatory)

_____
*** Contractor's Social Security Number
(Voluntary) or Federal Identification Number

Print Name:_____

By: _____
Corporate Officer
(Mandatory, if applicable)

Date: _____

Print Name:_____

* The provision in this Certification relating to child support applies only when the Contractor is an individual.

** Approval of a contract or other agreement will not be granted until the City receives a signed copy of this Certification.

*** Your social security number may be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended.

NEWTON COMMUNITY DEVELOPMENT AUTHORITY

SCOPE OF SERVICES

GENRAL REHABILITATION & DELEADING CONSTRUCTION SERVICES

RE: Elizabeth Porter
159 Charlesbank Rd.
Newton MA.

1.0 Scope

1.1 Newton Community Development Authority, on behalf of the above-referenced applicant (Applicant) is accepting bids for construction services per the bid list attached. All bids must be submitted in the manner and form prescribed by the Specifications which control award of the contract. Bid award will be made to the lowest responsive and responsible bidder for all line items based on Grand Total. Any bidder not providing prices for all line items may be deemed non-responsive and therefore rejected.

1.2 Applicant intends to enter into a contract for services for construction services beginning upon contract execution and extending through project completion. These services are needed to for improvement to the above referenced Project.

2.0 Description and Quality

2.1 Wherever items are specified by trade name, manufacturer, or dealer's catalog number, or by any other reference, it shall be taken to mean the items as this described or any other item equal thereto in quality, finish, durability, compatibility, safety and serviceability for the purpose for which it is intended. If an alternate item is being proposed, the bidder shall so indicate by providing a full description of the proposed substitute as well as provide data sheets, catalog cuts, performance and test data, and any other information which will support or otherwise prove equality; such proof rests entirely with the bidder. When the bidder does not state the brand, it is understood that the offer is exactly as specified. Final decisions concerning the quality of items, other than those specifically designated, is to rest with the Applicant whose determination shall be final and conclusive. Vendors shall guarantee quality control of all goods at no additional cost to the Applicant. Samples shall be furnished free-of-charge upon request and may be retained for future comparisons. Samples and literature must be provided within three (3) days after the request.

2.2 The use of environmentally preferable products is encouraged, i.e., products or services that have a lesser or reduced effect on human health and the environment when compared with competing products or services that serve the same purpose. This comparison may consider raw materials acquisition, production, manufacturing, packaging, distribution, reuse, operation, maintenance or disposal of the product or service: 1) emphasis on multiple environmental considerations such as recycled content, energy and water efficiency, renewable resource use and toxicity considerations rather than any single environmental feature; 2) evaluation of environmental impacts throughout the life cycle of the product which includes impacts during the manufacture, use and disposal of the product; and 3) recognition of cost and performance remain critical factors in all purchasing decisions.

2.3 Material Safety Data Sheets must be forwarded to the Newton Community Development Authority within thirty (30) days after the bid award. All products must be properly labeled with the product name, manufacturer’s name, address and emergency telephone number, ingredients, cautions, warnings, hazard rating and first aid.

3.0 Delivery of Services

3.1 Services shall be provided promptly from the time an order is placed via on-line, telephone or email. An exception is only allowed with pre-approval in writing by an authorized employee.

3.2 Services shall be provided during normal business hours, Monday through Friday.

3.3 The equipment used in the transportation and delivery of supplies procured shall be maintained in a sanitary condition at all times. The equipment shall be subject to unannounced inspections at any time. All vehicles must turn off their engines while services are being provided.

4.0 Payment

4.1 Invoices shall be billed to Planning and Development Attn: Doug Desmarais, Housing Rehab/Construction Manager, City of Newton 1000 Commonwealth Avenue, Newton, Massachusetts 02459, or via email ddesmarais@newtonma.gov.

4.2 Invoices must be in duplicate, by department, including the a) purchase order number, b) department name, c) item number, d) quantities, e) description, f) unit price and g) totals.

END OF SECTION

BIDDER QUALIFICATION CERTIFICATE
159 CHARLESBANK ROAD, NEWTON MA IFB #15-53

To: Newton Community Development Authority (Authority)

Reference is made to the above Invitation for Bid (IFB). This Certificate is required to be eligible for consideration under the IFB. Accordingly the undersigned hereby certifies that it has either (1) provided the following to the Authority which is currently in effect or (2) attached the following to this Certificate, which attachment are incorporated herein:

1. Copy of Unrestricted MA Construction Supervisor License.
2. Copy of MA Home Improvement Contractor Registration.
3. Copy of MA RRP Firm Certification.
4. Copies of RRP certification For Workers.
5. Copy of MA Deleader Contractor License.
6. Copies of MA Deleader Supervisors Licenses for all employees.
7. Copies of MA Deleader workers License for all employees.
8. At least 3 referrals for jobs over $8,000.00
9. Corporate name as it appears on Secretary of State's William Francis Galvin website for all corporations and LLCs.
10. Business certificate for all DBAs. List name and title of all authorized signatories
11. Proof of insurance pertaining to General Liability and Property Damage, in amounts not less than set forth below:
    Commercial General Liability - (Bodily Injury, including accidental death)
    $1,000,000 per occurrence and (Property Damage) $1,000,000 per occurrence.
12. Proof of Workers Compensation insurance – MA Statutory Requirements.

The undersigned certified further that in the event that it is the successful bidder or quoter, it will provide a certificate(s) of insurance coverage of the types and amounts required. The City of Newton shall be named in such policies as additional insured on said coverage and shall be a certificate holder thereof. The undersigned agrees also to contact its insurance company (ies) so that they notify the certificate holders of any reduction or cancellation of the insurance at least thirty (30) days prior to the effective date of such reduction or cancellation.

The undersigned acknowledges that if it does not have a current Deleaders Contractors' license, it will not be able to bid or quote on the lead abatement portion of any projects.

_____(Name of Bidder)
By:_____
Date:_____

Questions to regarding completion of this Certificate**:**
Doug Desmarais 617-796-1148
Housing Rehabilitation/Construction Manager
1000 Commonwealth Ave., Newton, MA 02459
Email: ddesmarais@newtonma.gov
Fax: 617-796-1142 Attn: Doug Desmarais

Setti D. Warren
Mayor

City of Newton, Massachusetts
Department of Planning and Development
1000 Commonwealth Avenue Newton, Massachusetts 02459

Telephone
(617) 796-1120
Telefax
(617) 796-1142
TDD/TTY
(617) 796-1089
www.newtonma.gov

NEWTON HOUSING REHABILITATION PROGRAM
1000 Commonwealth Avenue
Newton, MA 02459
617-796-1148

CONTRACTOR APPLICATION
(General Contractor)

Name of Contractor: _____

Name of Business (If different): _____

Business Address: _____

Email address: _____

Home Address: _____

Home Phone: _____Business: _____ Cell: _____

Email Address:

Number of years in business: _____

Federal ID or Social Security Number: _____

Types and Limit of Insurance:
(Please indicate carrier, limits and policy # (s))

_____

Customer reference: (property owners for whom you have recently completed work for in excess of $8,000.00).

Customer _____Phone_____

Address _____

Type of Job _____

Customer _____Phone_____

Address _____

Type of Job _____

Customer _____Phone_____

Address _____

Type of Job _____

Have you ever been debarred or has your Contractor's License ever been revoked?

If yes, give details:

Have subcontractors, suppliers or customers sued any member (s) of the firm within the past three years?

If yes, give details:

I certify that all information in this statement, and all information furnished in support of this statement, is true and complete to the best of my knowledge and belief:

_____ _____

Signature Date

_____

Title