Torrington Area Health District

350 Main St. – Suite A, Torrington, CT 06790 Telephone (860) 489-0436 / 482-9787 Fax (860) 496-8243 (TAHD)

Robert Rubbo M.P.H., R.S. Director of Health

"Since 1967"

Thomas Stansfield M.P.H., R.S. Deputy Director of Health

ORDER

ISSUED TO: Johnson Kent L 233 E. Main St. Torrington, Ct. 06790

Date: August 18, 2015

Following an inspection conducted on August 11, 2015 of a dwelling and the adjoining premises owned by you, or under your charge and located at, 86 Workman Ave., Torrington, CT. It has been determined that there exists toxic levels of lead in or on the dwelling and/or on the premises surrounding said dwelling. It has been also determined that at least one child less than six (6) years of age resides in the dwelling.

Pursuant to Connecticut General Statutes Section 19a –111 <u>et seq.</u> and its accompanying regulations, the owner of any dwelling in which the paint, plaster, or other materials contain toxic levels of lead in which children under the age of six reside, shall abate or manage the dangerous materials in a manner consistent with the regulations. Sections 19a-111-2(a), (b), (c), and (d) of the Connecticut regulations governing lead poisoning prevention and control provide that:

When a child resides in a dwelling unit all defective lead-based surfaces shall be abated.

When a child resides in a dwelling all defective exterior surfaces and all defective surfaces in common areas containing toxic levels of lead shall be abated.

When a child resides in a dwelling requiring lead abatement, interior dust, and drinking water shall be assessed. When lead dust hazards are found to be a source or potential source of elevated blood lead in a child, lead dust shall be reduced to a safe level using appropriate cleaning methods. When lead in drinking water is determined to be a source or potential source of elevated blood lead in a child, appropriate remedial action approved by the local director of health shall be implemented.

Pursuant to Section 19a-111-3 (f) of the regulations, authority is vested in the local code enforcement agency to issue an order to correct all defective lead-based surfaces requiring abatement and soil areas identified as a source, or potential source for elevated blood lead.

YOU ARE THEREFORE, HEREBY <u>ORDERED</u> PURSUANT TO SECTION 19a-111 OF THE CONNECTICUT GENERAL STATUTES AND SECTIONS 19a-111-2(e), 19a-111-3(f), and 19a-111-4(c) OF THE REGULATIONS TO:

Adequately abate by proper preparation, containment, abatement, clean-up and waste disposal ALL DEFECTIVE PAINT, PLASTER OR OTHER MATERIAL CONTAINING TOXIC LEVELS OF LEAD on both the interior and exterior surfaces and soil of said property as more specifically

described in the attached document.

Eliminate LEAD DUST HAZARDS that were found to be a source or potential source of elevated blood lead in a child using appropriate cleaning methods.

Adequately manage ALL INTACT SURFACES CONTAINING TOXIC LEVELS OF LEAD THAT WILL REMAIN AND NOT BE ABATED AT THIS TIME as more specifically described in the attached document. (These surfaces may be abated as opposed to managed in place at your discretion, but must be addressed within the lead abatement plan – see below).

TORRINGTON AREA HEALTH DISTRICT LEAD POSIONING PREVENTION REGULATIONS

Section 4-2 Lead abatement and Lead management plans allow the Director of Health to order the owner to engage the services of a Lead Professional to design a lead abatement plan and/or management plan in accordance with the requirements of the RCSA Lead Poisoning and Prevention Control Regulations. The lead abatement and management plans must be submitted to the Director of Health within the timetables specified in this order.

FURTHER, IT IS HEREBY ORDERED, that:

A written lead abatement plan prepared by a Lead Professional must be submitted to the Director of Health within **15 working days** of the receipt of the completed lead report pursuant Sections 19a-111-4 and 19a-111-5 of the regulations.

A written lead management plan prepared by a Lead Professional addressing intact lead-based surfaces that will remain and not be abated at this time. This management plan must be prepared within 60 days of the date that inspection results were received pursuant to Section 19a-111-2(e) of the regulations. The plan must be submitted to the Director of Health. This plan shall be transferred with ownership upon transfer of title.

Dated at Torrington, Connecticut this 18th day of August, 2015.

Robert Rubbo, MPH, Director of Health Torrington Area Health District

AUTHORITY: Connecticut General Statutes Sections, 19a-111 et seq. and 19a-206 et seq.: Regulations of Connecticut State Agencies Section 19a-111-1 et seq.

PENALTY: Connecticut General Statutes Sections 19a-206(b) (2) and (e) and 19a-230.

The federal Residential Lead-Based Paint Hazard Reduction Act, 42, U.S.C. 4852d, requires sellers and landlords of most residential housing built before 1978 to disclose all available records and reports concerning lead-based paint and/or lead-based hazards, <u>including the test results contained or referenced in this notice</u>, to purchasers and tenants at the time of sale or lease or upon lease renewal. This disclosure must occur even if hazard reduction or abatement has been completed. Failure to disclose these test results is a violation of the U.S. Department of Housing and Urban Development and the U.S. Environmental Protection Agency regulations at 24 CFR Part 35 and 40 CFR Part 745 and can result in a fine of up to \$11,000 per violation. To find out more information about your obligations under federal lead-based paint requirements, call 1-800-424-LEAD.

RIGHT OF APPEAL: Connecticut General Statutes Sec. 19a-229 states "Any person aggrieved by an order issued by a town, city or borough director of health may appeal to the Commissioner of Public Health not later than three (3) business days after the date of such person's receipt of such order, who shall thereupon immediately notify the authority from whose order the appeal was taken, and examine into the merits of such case, and may vacate modify, or affirm such order."

There are two ways to appeal this order; both methods require action not later than three (3) business days after you receive the Order.

(1) You may appeal the decision by delivering your written appeal to the Department not later than three (3) business days after you receive the Order. You may deliver it to the Department either in person or by facsimile. The Department's address and facsimile number are:

> Department of Public Health Public Health Hearing Office 410 Capitol Avenue MS 13 PHO P.O. Box 340308 Hartford, CT 06134-0308 Facsimile: (860) 509-7553

If you chose this method of appeal, you need do nothing to perfect your appeal, unless instructed otherwise by the Department.

(2) You may also appeal the Order by calling the Department not later that three (3) business days after receipt of the Order at one of the following numbers: (860) 509-7648 or (860) 891-9177. If you call on a weekend or after business hours, it is sufficient to leave a message with your name, number and a description of the Order you are appealing.

If you appeal the order by calling one of the telephone numbers listed above, the telephone call must be followed up with a written notice of appeal that must be received by the Department within ten (10) days of the telephonic notice.

PLEASE NOTE: It is *not* sufficient that the written notification be postmarked within ten (10) days. It must be *received by the Department within ten (10) days*. Delays caused by the Post Office will not excuse failure to comply with this requirement.

The written notice of appeal following the telephonic notice may be delivered to the Department in person, by facsimile or by first class or certified mail. The Department's address and facsimile number are provided above. If you chose to send the written notice of appeal by first class mail or certified mail, please use the addresses provided below.

First Class Mail: Send written appeals by first class mail to the following address:

Department of Public Health Public Health Hearing Office. 410 Capitol Ave. MS 13 PHO PO Box 340308 Hartford, CT 06134-0308

The Regulations of Connecticut State Agencies provide:

Sec. 19a-9-8. Date due when due date falls on a date the department is closed. If the last day of any statutory or regulatory time frame falls on a day on which the department is closed, any paper may be filed or any required action may be taken on the next business day the department is open. Such filing or action shall be deemed to have the same legal effect as if done prior to the expiration of the time frame.

Sec. 19a-9-14. Appeals of orders issued by a town, city, borough, or district director of health. [Subsections (a), (c), (d), (e), and (f)]

- (a) Any person aggrieved by an order issued by a local director of health may appeal said order to the commissioner.
- (c) The notice of appeal shall state:
 - the name, address, and telephone number of the person claiming to be aggrieved;
 - (2) the name of the issuing authority;
 - (3) the way in which the order adversely affects the person claiming to be aggrieved;
 - (4) the order being appealed; and
 - (5) the grounds for appeal.
- (d) Telephonic notice of appeal to the office of the commissioner shall be satisfactory as the initial notice of appeal, provided written notice of appeal from the person claiming to be aggrieved is received by the department within ten (10) days of the telephonic notice.
- (e) An appeal from an order issued by a town, city, borough, or district director of health shall be a *de novo* proceeding in accordance with the regulations governing contested cases as set forth in sections 19a-9-1 through 19a-9-29 of the Regulations of Connecticut State Agencies.
- (f) Any order issued by a town, city, borough, or district director of health shall include a notice of the right to appeal which shall indicate the name and telephone number of the commissioner or the commissioner's designee, and shall be accompanied by copies of section 19a-9-8 and 19a-9-14 of the Regulations of Connecticut State Agencies.



COMMUNITY CHILD HEALTH > HEALTHY HOMES PROGRAM

Connecticut Children's Healthy Homes Program

Connecticut Children's Healthy Homes Program improves children's health by making their homes healthier, safer places to be. We are committed to protecting children from lead poisoning and making homes in Connecticut green, safe and healthy. The Healthy Homes Program receives funding through US Department of Housing and Urban Development and the State of Connecticut Department of Housing.

Our goal is to protect children before they are poisoned by lead hazards or injured by safety hazards in their homes. The Healthy Homes Program integrates health and safety interventions, lead hazard control, energy efficiency interventions, and housing rehabilitation for property owners by coordinating resources in an efficient manner to produce healthy homes. Our approach improves the housing for current and future occupants.

The Healthy Homes Program's services are available in <u>15 towns and ottes across Connectout</u>. The Healthy Homes Program provides qualified homeowners and tenants with:

- · Inspections and plans for lead and home safety hazard removal
- · Financial assistance to remediate hazards
- Relocation assistance during construction
- · Referrals to low- or no-cost home weatherization programs designed to increase energy efficiency
- Lead hazard and healthy homes education

For more information about Connecticut Children's Healthy Homes Program, call 860.837.6241.

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E mail:	Trust, Corporation, Partnership, Individual	Cell Phone Fax Numb	e: oer:			
Mailing Address of Owner: <i>Number and Street or Box N</i> Property Address:			No.		Units:	
Unit Identity /Floor (Please photocopy for more units)	Occupant Information	No. Of People in Household	Meets Income Eligibility *	Rent Per month	What Utilities Are Included?	No. of Bedrooms in unit
	Name:		Yes No Section 8		HeatWater ElectricNone	
	Name:		Yes No Section 8		HeatWater ElectricNone	
	Name:		Yes No Section 8		Heat Water Electric None	
	Name:		Yes No Section 8		HeatWater ElectricNone	

How many children under six years of age live in the building?

Have any of the resident children (under age 6) been found with lead levels of 5µg/dL or above? Would you like information on weatherization programs available in your community?

* See attached for town acceptable income levels for LAMPP.

) YES () NO () Unknown. (() YES () NO



Eligibility Requirements

Torrington, Winchester

Occupant income must be below limits shown below. All Medicaid and Section 8 recipients automatically meet income limits.

Rents must be within HUD Fair Market* Section 8 rents automatically qualify

Occupant Income Limits

	Family Size							
	1 PERSO N	2 PERSO N	3 PERSO N	4 PERSO N	5 PERSO N	6 PERSO N	7 PERSO N	8 PERSO N
LEA D	\$45,100	\$51,550	\$58,000	\$64,400	\$69,600	\$74,750	\$79,900	\$85,050
HH	\$61,250	\$70,000	\$78,750	\$87,500	\$94,500	\$101,500	\$108,500	\$115,500

Fair Market Rental Rates Two or Three Family, Duplex, Condo Oil Heat and Hot Water

	Num	ber of Bedro	oms	143
Utilities Included	1	2	3	4
None	608	775	979	1151
Water only	636	818	1038	1225
All	838	1075	1362	1615

* Only applicable for projects involving Lead Hazard removal

LAMPP Project - Connecticut Children's Medical Center 282 Washington Street, Hartford CT 06106 www.configetieu.childrens.org.jampp



LAMPP-Additional Questions (Spanish version on reverse)

Please include with your application

1. In what unit of your property do the child/children live?

2. Is the child/children enrolled on Husky A-State insurance?

Yes No

3. Have you informed your tenants we will be calling?

Yes	They were informed on	
No	(m/d/year)	

4. What is your income (for owner occupant)?

5. Do you have an abatement order?

Yes No

6. If yes, in what unit? Please enclose a copy of it with application.

LAMPP Project, Connecticut Children's Medical Center 282 Washington St., Hartford, CT 06106 (860) 837-6241, fax (860) 837-6244 http://www.connecticutchildrens.org/lampp

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Preguntas Addicionales (English version on reverse)

Por favor incluya con su aplicacion

- 1. ¿En que unidad viven los niños?
- 2. ¿Tienen los niños seguro medico del Estado, Husky-A?
 - Si No

3. ¿Ha informado usted a sus inclinos que estaremos llamando?

Si Ellos fueron informados en _____ No _____ (d/m/ano)

4. ¿Cual es su salario(para dueños solamente)?

5. ¿Tiene usted una orden de la cuidad en su propiedad?

Si No

6. ¿Si tienes, en que unidad?

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