



OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT  
DEVELOP LOUISVILLE  
LOUISVILLE, KENTUCKY

GREG FISCHER  
MAYOR

GABE FRITZ  
DIRECTOR

**LEAD HAZARD EVALUATION NOTICE (page 1 of 2)**

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

Evaluation Completed (circle one): Paint Inspection Paint Testing Risk Assessment

Date: \_\_\_\_\_

Summary of Results:

\_\_\_\_\_ No lead-based paint or lead-based paint hazards were found.

\_\_\_\_\_ Lead-based paint and/or lead-based paint hazards were found. See attachment for details

**Contact person for more information about the risk evaluation:**

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Person who prepared this notice:**

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

*Summarize the types and locations of lead-based paint hazards below or attach your own summary. The summary must list at least the bare soil locations, dust-lead locations, and/or building components (including type of room or space and the material underneath the paint), and types of lead-based paint hazards found:*

<u>Contaminated Soil</u>		
Area	mg/g (ppm)	Location
___ None		
___ Perimeter	___ mg/g (ppm)	
___ Play Area	___ mg/g (ppm)	
___ Other	___ mg/g (ppm)	

<u>Contaminated Dust</u>		
Area	µg/SF	Location
___ None		
___ Windowsill	___ µg/SF	
___ Floor	___ µg/SF	
___ Other	___ µg/SF	
___ Other	___ µg/SF	

<u>Other Hazards</u>				
<u>Component*</u>	<u>Location</u>	<u>Condition</u> (good, fair, poor)	<u>Friction or Impact</u> <u>Surface?</u>	<u>Lead Content</u> (if known)
1.				___ mg/cm <sup>2</sup> (ppm)
2.				___ mg/cm <sup>2</sup> (ppm)
3.				___ mg/cm <sup>2</sup> (ppm)
4.				___ mg/cm <sup>2</sup> (ppm)
5.				___ mg/cm <sup>2</sup> (ppm)
6.				___ mg/cm <sup>2</sup> (ppm)
7.				___ mg/cm <sup>2</sup> (ppm)
8.				___ mg/cm <sup>2</sup> (ppm)
9.				___ mg/cm <sup>2</sup> (ppm)

10.	___ mg/cm <sup>2</sup> (ppm)
11.	___ mg/cm <sup>2</sup> (ppm)
12.	___ mg/cm <sup>2</sup> (ppm)
13.	___ mg/cm <sup>2</sup> (ppm)
14.	___ mg/cm <sup>2</sup> (ppm)