

Essential Maintenance Practices Compliance Statement

(in accordance with 18 VSA § 1759)

An EMP Compliance Statement must be filed every 365 days for each residential rental property.
A separate EMP Compliance Statement is required for each building along with its outbuilding(s). Please print.

Physical Address of Property: 202 Howard Street Original Date of Construction: 1950
Burlington, VT 05401 Number of Units in Building: 3

I hereby certify that: 1) the following essential maintenance practices were completed on the dates given by the EMP certified person or entity specified for the property listed above; 2) all work was performed using lead safe work practices; and 3) that all information provided on this form is true and accurate. I understand that providing false, incomplete or inaccurate information on this form is unlawful and is punishable by civil and criminal penalties pursuant to Vermont law.

Gene Richards Legibly print property owner's or manager's name
[Signature] Property Owner's or Manager's Signature
6/15/10 Date

168 Summit St Burlington, VT 05401 Property Owner's or Manager's Address
802-343-9909 Phone Number

| Name of All Other Owner(s) and Property /Management Co., if any | Address | Phone Number |
|---|---------|--------------|
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Side 1: For the Property

| | | |
|---|----------------------------------|----------------|
| 1. Visually inspected all exterior surfaces of the building and outbuilding(s) to identify deteriorated paint. | EMP Certificate # | Date |
| | <u>700</u> | <u>5/26/10</u> |
| 2. Used safe work practices to stabilize deteriorated paint exceeding 1 sq. ft. on exterior surfaces within 30 days of visual inspection or report by tenant. <input checked="" type="checkbox"/> None | EMP Certificate # | Date |
| | <u>700</u> | <u>5/26/10</u> |
| <input type="checkbox"/> Access to the area by children was blocked if deteriorated paint was identified after November 1 and will be fixed by May 31. | | |
| 3. For any outdoor area, removed all visible paint chips from the ground on the property. <input checked="" type="checkbox"/> None | EMP Certificate # | Date |
| | <u>700</u> | <u>5/26/10</u> |
| 4. Used safe work practices to stabilize deteriorated paint exceeding 1 sq. ft. on interior surfaces in common areas within 30 days of inspection or report by tenant. <input checked="" type="checkbox"/> None | EMP Certificate # | Date |
| | <u>700</u> | <u>5/26/10</u> |
| 5. Performed annual specialized cleaning in common areas within the building. | EMP Certificate # | Date |
| | <u>700</u> | <u>5/26/10</u> |
| 6. Posted a notice to occupants encouraging them to report deteriorated paint to the owner or owner's agent. | Location | Date |
| | <u>entrance/exit of building</u> | <u>5/26/10</u> |

Side 2: For Each Unit at 202 Howard St Burlington, VT 05401
 Address of Rental Property

7. Visually inspected window wells to verify that inserts were installed in wooden windows or were not needed because windows are aluminum or vinyl.

| | Unit # <u>1</u> | Unit # <u>2</u> | Unit # <u>3</u> | Unit # _____ | Unit # _____ | Unit # _____ |
|-----------------------------------|-----------------|-----------------|-----------------|--------------|--------------|--------------|
| EMP Certificate # | <u>700</u> | <u>700</u> | <u>700</u> | | | |
| Date insert verified or installed | | | | | | |
| Vinyl/aluminum window | | | | | | |
| Other: please specify | | | | | | |

8. Visually inspected all interior surfaces of the units to identify deteriorated paint. Used safe work practices to stabilize deteriorated paint exceeding 1 sq. ft. on interior surfaces within 30 days of visual inspection or report by tenant.

| | Unit # <u>1</u> | Unit # <u>2</u> | Unit # <u>3</u> | Unit # _____ | Unit # _____ | Unit # _____ |
|------------------------------------|-----------------|-----------------|-----------------|--------------|--------------|--------------|
| EMP Certificate # | <u>700</u> | <u>700</u> | <u>700</u> | | | |
| Date inspected | | | | | | |
| No deteriorated paint | | | | | | |
| Date deteriorated paint stabilized | | | | | | |

9. At change of tenant, visually inspected unit interior and building exterior to identify deteriorated paint and performed specialized cleaning in unit. Used safe work practices to stabilize deteriorated paint exceeding 1 sq. ft. within 30 days.

| | Unit # <u>1</u> | Unit # <u>2</u> | Unit # <u>3</u> | Unit # _____ | Unit # _____ | Unit # _____ |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No Change of Tenant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EMP Certificate # | <u>700</u> | <u>700</u> | <u>700</u> | | | |
| Date inspected | <u>5/26/10</u> | <u>5/26/10</u> | <u>5/26/10</u> | | | |
| No deteriorated paint | | | | | | |
| Date deteriorated paint stabilized | | | | | | |
| Date performed cleaning | | | | | | |

10. Prior to entering into a lease or rental agreement (written or oral), provided to approved tenants a copy of the pamphlet "Protect Your Family From Lead in Your Home" and a copy of the most recent EMP Compliance Statement.

| | | |
|----------|--|---|
| <u>1</u> | <u>Bring interview all tenants are</u> | <u>6/1/10</u> |
| Unit # | Date gave pamphlet | Date entered into lease or rental agreement |
| <u>2</u> | <u>made aware of this info available</u> | <u>6/1/10</u> |
| Unit # | Date gave pamphlet | Date entered into lease or rental agreement |
| <u>3</u> | <u>24/7 @ www.champlainsapartments.com</u> | <u>6/1/10</u> |
| Unit # | Date gave pamphlet | Date entered into lease or rental agreement |

No new lease or rental agreements during this time period

11. Within 10 days of signing this Compliance Statement, I will ensure that the pamphlet "Protect Your Family From Lead in Your Home" and a copy of this EMP Compliance Statement will be given to tenants. A copy of this EMP Compliance Statement will also be given to my liability insurance company.

[Signature] 6-15-10
 Property Owner's or Manager's Signature Date

The date that this compliance statement is received by the Department of Health becomes your annual compliance date for the purposes of fulfilling 18 VSA § 1759. This means you will be required to complete and file your next compliance statement within 365 days of the date this compliance statement is received by the Department. Each year a compliance statement must be given to each tenant and must be filed with the owner's liability insurance carrier and with the VERMONT DEPARTMENT OF HEALTH, Childhood Lead Poisoning Prevention Program, PO Box 70, Burlington, VT 05402-0070.