



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**



Jeffrey A. Meyers
Commissioner

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4507 1-800-852-3345 Ext. 4507
Fax: 603-271-3991 TDD Access: 1-800-735-2964

Marcella Jordan Bobinsky
Acting Director

Request for Use of Encapsulant Paint

I. OWNER INFORMATION

Name		Phone
Mailing Address		Suite/Apt. #
City	State	Zip Code

II. PROPERTY UNDER ORDER

Property Address		HHLPPP Order #
City	State	Zip Code
What is the Current Deadline?		
How many children under the age of six are living at the property?		
Is the Unit Vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when and where are the tenants moving?		

III. ENCAPSULANT USE

Company/Person Performing Work		Phone
Company Address		Suite/Apt. #
City	State	Zip Code
Have all residents within this building been given a copy of this encapsulant request? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have all residents within this building been notified of their right to contact the HHLPPP with their questions or concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the name of the encapsulant you plan to use?		
Has the person/company performing the work ever used encapsulant paint before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the X-cut test been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit a copy of the test results. Include the name of the person who performed the test.		

IV: STATEMENT OF COMPLIANCE

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Rules (He-P 1600) and the Lead Poisoning Prevention Statute (RSA 130-A). I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Property Owner Other (Specify):

Applicant Printed Name

Applicant Signature

Date

*Attach a copy of the Lead Exposure Hazard Reduction Plan (LEHRP) for review by the HHLPPP for ALL requests. The Plan must include all information listed within He-P 1608.05 and all information necessary to assist the HHLPPP in its evaluation of this request.

*The HHLPPP will reply in writing within 10 working days of receipt of a completed request form. The HHLPPP will not review incomplete forms. The sender will receive a telephone call within 3 workdays of receipt of an incomplete form, informing him/her of the missing information.

V: SUBMITTING THE FORM

Scan and email: Send to ross.malcolm@dhhs.state.nh.us or knatalie.vetter@dhhs.state.nh.us , or

Fax to: 603-271-3991, or

Mail to:

NH Department of Health and Human Services
Healthy Homes and Lead Poisoning Prevention Program
29 Hazen Drive, Concord, NH 03301-6504