



Lori A. Weaver
Commissioner

Iain N. Watt
Interim Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF PUBLIC HEALTH PROTECTION

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4524 1-800-852-3345 Ext. 4524
Fax: 603-271-8705 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

To Whom It May Concern:

The Healthy Homes and Lead Poisoning Prevention Program at the New Hampshire Department of Health and Human Services (hereinafter "the Department") has issued an order of lead hazard reduction in accordance with RSA 130-A and He-P 1600.

In furtherance of assisting you through the lead hazard prevention process, I am writing to request information contained in the attached form(s).

Federal and state law require property owners, contractors and tenants to furnish relevant information to the Department that is engaged in investigation of lead hazards. *See* RSA 130-A:5; 40 C.F.R. § 745. Document review is often necessary to execute these responsibilities.

Please be advised that the New Hampshire Healthy Homes and Lead Poisoning Prevention Program at the Department is a covered entity pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") privacy rules. The HIPAA Privacy Rule permits a covered entity to disclose protected health information as necessary to comply with State and federal law. *See* 45 CFR §164.512(a) and §164.502(b).

Furthermore, as a public official, I certify that the information being requested, which may contain otherwise protected health information, is the minimum necessary for the purpose of our inquiry. *See* 45 C.F.R. § 164.514(d)(3)(iii)(A).

The requested records should be submitted to the program's attention as soon as possible to prevent any further lead exposure hazards.

In keeping with the confidential nature of these records, it is required that you deliver them by secure and trackable means.

For your convenience, we can forward an encrypted email with the form so you may reply using secure means.

Your anticipated courtesy and cooperation are appreciated. Please feel free to contact the program if you have questions or require additional guidance.

Sincerely,

Healthy Homes and Lead Poisoning Prevention Program
nhleadprogram@dhhs.nh.gov
(603) 271-4507



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Request for a Variance Form

I. REQUESTOR INFORMATION

Name		Phone
Mailing Address		Suite/Apt. #
City	State	Zip Code
Email Address	NH Lead Professionals' License # (if applicable)	

II. VARIANCE ELIGIBILITY

List the specific section (or sections) of the RSA or He-P 1600 that you are requesting a variance from: 1612.02(m) A refresher lead educational program, certified in accordance with He-P 1611 and specific to the discipline of lead professional being applied for, shall be successfully completed annually.
Do you have any outstanding administrative fines or court sanctions issued pursuant to RSA 130-A or He-P 1600? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in violation of any of the provisions of RSA 130-A or He-P 1600? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have all residents and other individuals affected by this variance been given a copy of this request? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have all residents and other individuals affected by this variance been notified of their right to contact the HHLPPP with their questions or concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No

III. LEAD HAZARD REDUCTION INFORMATION (IF APPLICABLE)

Property Address	DPHS Order No(s).
City	State
	Zip Code

Company/Person Performing Work		Phone	
Company Address		Suite/Apt. #	
City	State	Zip Code	
Are they licensed in NH? <input type="checkbox"/> Yes license # «DC_Number» _____ Exp. Date «DC_Exp» _____ <input type="checkbox"/> No (explain)			
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			
Has an occupant protection plan and work scope been developed for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach) On file with HHLPPP			

IV. VARIANCE REASONING AND SPECIFICS

Reason for requesting the variance:

I am / was unable to register for and complete a lead abatement supervisor refresher training course prior to submitting my application for renewal of my lead abatement supervisor license. I have registered for the following lead abatement supervisor refresher training course:

Educational Provider: _____

Date of Course: _____

How will you ensure the variance request approval does not jeopardize the health and safety of others?

I will successfully complete the refresher training course for which I am registered and provide a certificate of completion to HHLPPP

(Attach the occupant protection plan for the project if applicable)

How will the requested variance satisfy the intent of the rules as an alternative to compliance?

I will successfully complete the refresher training course for which I am registered and provide a certificate of completion to HHLPPP

The Request for a variance form must be submitted to the HHLPPP at least 5 business days prior to initiating the work or activity that requires a variance. Lead hazard reduction activities that require a variance shall not be conducted until written approval is received from the HHLPPP. Variances will be revoked and fines may be issued for any violations or noncompliance with RSA 130-A, He-P 1600, the Occupant Protection Plan, the Work Scope, or any conditions imposed by the HHLPPP.

V. STATEMENT OF COMPLIANCE

I certify that I have read, understand, and agree to comply with 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.

Date: _____

Applicant Signature

Print Name

Print Title

VI. SUBMIT THE REQUEST FOR VARIANCE FORM BY ONE OF THE FOLLOWING:

Scan and email: nhleadprogram@dhhs.nh.gov

Fax to: (603)271-3991, or

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

DHHS/HHLPPP Approval

With conditions:

DHHS/HHLPPP Denial

Reason: