



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



**Nicholas A. Toumpas**  
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

**José Thier Montero**  
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       Lead Contractor       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.

Mail or fax the “Request for Use of Encapsulant Paint Form” to:

NH Department of Health and Human Services  
Healthy Homes and Lead Poisoning Prevention Program  
29 Hazen Drive, Concord, NH 03301-6527  
Fax: 603-271-3991

LEAD PAINT SURFACE/SUBSTRATE ASSESSMENT FORM

Surface Assessor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (X-Cut Tape Tests)

Check One: *Property Owner/Agent*  *Inspector, Risk Assessor or Supervisor*  *Code Official*

Address where encapsulant will be applied:

Street: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ROOM	SIDE	COMPONENT	X-CUT TAPE TEST RESULT	PATCH TEST (Result and Date)	NAME OF ENCAPSULANT TESTED

Surface Assessor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

X-CUT TAPE TEST:

Pass: 1/16" or less from the "X"

Fail: more than 1/16" from the "X"

PATCH TEST:

Pass: 10% or less is defective and/or 1/2" or less removed

Fail: More than 10% is defective and/or more than 1/2" removed

Make additional copies as needed