Lead Prevalence Assessment
for Escambia/Santa Rosa Counties, Florida

Introduction

Childhood lead poisoning is a significant and preventable disease. Despite this, almost one million children in the United States have elevated levels of lead in their blood. Children can be exposed to lead in many ways. A major source of childhood lead poisoning is lead-based paint in older homes that is deteriorating, creating dust and paint chips that are easily ingested by young children. As many as 70 million American homes may still contain lead paint (US Census, 2000a). Other sources of exposure include: drinking water from pipes lined or soldered with lead; ingestion of lead-contaminated soil; air-releases of lead from coal-burning power plants and other industries; lead-containing materials used in parental occupations or hobbies such as stained glass and fishing wrights; use of lead-containing ceramics for cooking, eating, or drinking; workplace dust brought home on the clothing of people who have jobs that use lead such as battery manufacturers or smelting companies; and, use of folk remedies that contain lead (AAP, 1998).

Since the mid 1970's to 1990's, the overall mean blood lead level (BLL) for the general United States population has decreased from 12.8 to 2.3 mcg/dL. This decline can be attributed to removal of lead from gasoline, paint, and food cans. However, an estimated 890,000 children aged <6 years have BLLs $\geq$10 mcg/dL, with the highest rates among African-American, low-income, or urban children (AAP, 1998).

From 1993 through 1999, there were 12,450 cases of lead poisoning (venous lead level $\geq$10 mcg/dL) recorded in Florida and 567 cases in Escambia County. For 1999-2001, there were 73 cases in Escambia County and 2 cases in Santa Rosa County. Decreased elevated blood level findings in the two counties are probably related to reduced screening effects and increased community education rather than to remediation of the existing older homes. U.S. Census data indicates that as many as 40-60% of the 124,600 and 49,119 homes in Escambia and Santa Rosa counties, respectively, were built before 1979, and, therefore, could be contaminated with lead-based paint (CDC, 2002; US. Census, 2000b).

Information is available at the Escambia and Santa Rosa County Health Departments (ECHD and SRCHD, respectively) regarding children and adults who were measured to have elevated blood lead levels in the years 1999-2001. No information is available on the actual prevalence of lead

contaminated paint/soil in or around the homes of these individuals. Previous lead testing done by health departments or other entities has been on a situational basis or where defective paint in a home built prior to 1979 was known and that a child <6 years might reside there (HUD, 1995). The City of Pensacola has been conducting home lead testing as part of HUD Section 8 requirements.

The objective of this study was to determine the prevalence of lead contamination in homes built before 1979 in Escambia and Santa Rosa counties in Florida. Surveyed homes would be those, at least initially, in which children with elevated BLLs resided between 1999–2001. City of Pensacola data would be used as a comparison to the ECHD compiled information.

Materials and Methods

For this study, lead testing was intended to occur in homes where resident elevated blood levels were recorded for the year 1999-2001. All samples were collected by an EPA Certified Lead Inspector. Disposable latex gloves and other measures were used to reduce the risk of cross-contamination.

Soil Samples

All soil samples collected for residential lead-based paint assessment purposes were acomposite. Samples were collected from bare soil in the child's principal play area(s) or the residence yard and a second sample was collected from the soil around the building foundation. Each composite sample consisted of 3-10 sub-samples mixed together.

Bare soil samples were collected with a 5cc disposable syringe coring device. The soil to be analyzed came from the top one-half inch of soil. All aliquots of the composite were double-bagged in plastic bags and labeled accordingly.

Wipe Samples

The areas selected for wipe samples were marked out prior to sampling to ensure equivalent surface areas so that one room would not be over-sampled. A separate wipe was used for each sample area. Whenever possible, hard floors were sampled instead of carpets.

Wipe Sampling Media

Wipe samples were taken using EPA acceptable wipe material as defined in ASTM E 1792, "Standard Specification for Wipe Sampling Materials for Lead in Surface Dust." Wipe materials were supplied by Environmental Hazards Services, LLC.

Paint Chip Samples

Paint chip sampling is a destructive methodology and samples were collected from inconspicuous areas with approval of the home owner/tenant. The paint chip samples were 2-4 square inches in size. The sampling method utilized was to scrape paint directly off the substrate removing all layers of paint equally, while attempting to remove none of the substrate.

Water Samples

Water samples were not collected because of sampling method constraints. Sampling would have consisted of collecting a one-liter sample directly from the kitchen or bathroom cold-water tap after the water has stood motionless for at least 6 hours (i.e., a "first flush" sample) as a worst-case sample. If there is reason to believe that other parts of the water system (such as leaded service lines, valves or water mains) are contributing lead, additional samples following the "first flush" would have been collected.

Field Sample Forms

Sample forms were generated for each sample site and were completed in the field. Sample forms noted sample date, sample ID number, sample location, sample condition, and laboratory results (**Appendix A**). Information from field sample forms was continuously added to a Microsoft Office Access file for report generation.

Documentation / Sample Identification Number

The sample identification number consists of four (4) sets of numbers. The first set of numbers represents the county. The second set is the zip code of the sample location.
The third set is the numbered address of the sample location. The fourth set indicates the numbered sequence of the sampling. An example sample identification number would be #17-32514-234-001.

Chain of Custody / Submission Sheet

Laboratory provided chain of custody forms were utilized for each sample batch sent for analysis (**APPENDIX B**).

Sample Packing / Shipping

Wipe samples and soil samples were stored in non-sterilized polyethylene centrifuge tubes (50ml size) with sealable caps. Centrifuge tubes were supplied by Environmental Hazards Services, LLC.

Samples were shipped to the laboratory via the State of Florida approved shipping company Airborne Express. Samples were shipped in Airborne Express provided shipping packs and were not required to be packed on ice or cooled.

Holding Times

There are no holding time issues with wipe samples, soil samples, or paint chips.

Laboratory

Samples were sent to Environmental Hazards Services, LLC, in Richmond Virginia for processing and analysis.

Analytical Methods

Samples were processed using EPA Method 3051 and analyzed using EPA SW 846 Method 7420.

Sample Reporting

Sample results were reported to the department as follows:

Soil	µg/g
Paint	% by weight
Dust	µg/ft^2

Building Condition Assessment

As per EPA regulations, a building condition assessment form was used to obtain further information in the event that a full risk assessment was needed (**APPENDIX C**).

Pictures

Site pictures of sample locations were taken on an as-needed basis for documentation. Pictures were taken with a digital camera and were available for uploading into reports.

Site Maps

Site maps were drawn in the field to indicate sample locations both inside and outside of the sampled residence. Substrate and component illustrations were utilized to pinpoint exact name and location of samples. In addition, GPS mapping programs were used in report generation.

Test Subjects

To facilitate the study, test subjects were needed in Escambia and Santa Rosa Counties. A meeting was held with the Head Nurse at the Escambia County Health Department (ECHD) to review health department records for children that had undergone capillary or venous blood testing for elevated blood lead (EBL) levels during the years 1999-2003. A second meeting was held to review records of children with documented EBL levels that were possibly living in homes with lead paint levels above HUD guidelines. In addition, the Florida State Childhood and Adult Lead Poisoning Prevention Program was contacted to obtain state reported EBL data from Escambia County. The resulting data were combined into a Microsoft Office Access file. The residential addresses were verified where possible with Escambia County Property Appraisal Records and Polk Directories. A meeting was held with the ECHD Director to better define study participants and determine to what extent Health Department services would be offered to the study participants. Study participants were defined as “homes in Escambia or Santa Rosa Counties built before 1980, inhabited by children or grandchildren under the age of six.” Furthermore, as a special incentive to allow the ECHD access to properties, free blood screening of children living in homes that tested positive for lead based paint would be provided through ECHD.

Study Notification Letters

A project introduction letter was developed and sent to all addresses on the database. The first letters were addressed to the property resident. The letter briefly outlined the Lead Grant, its participants and the reason the potential study participant was being contact. The letter also included the ECHD's offer of free blood screening of children found to be living in lead contaminated homes (**APPENDIX D**). A review of the addresses provided indicated that most of the residents were not the actual property owners. This was most common in older, low-income neighborhoods. A second set of project introduction letters (**APPENDIX E**) were sent to the attention of the actual property owners with information obtained from Escambia County Property Appraisal Records and Polk Address listing. The letter was altered slightly to appeal to the group audience of homeowners rather than tenants.

Field Work

In order to properly execute residential lead-based paint investigations, the following scope of work was developed incorporating ECHD and EPA/HUD guidelines. Appointments were scheduled with study participants. Upon arrival, the test property was visually surveyed and notes regarding overall property condition were recorded. The property owner/resident was asked to sign a disclosure/consent form allowing access and sampling by ECHD personnel (**APPENDIX F**). The following questions were asked of the parent/guardian:

1. Has this property ever been tested for lead?
2. Have the children ever been tested for lead?
3. Are there any areas of the house that are of particular concern?
4. What is the age of the home?
5. How long have the children lived in the house?
6. What is the age of all children living or spending large amounts of time in the house?
7. Are all windows / windowsills original to the home?
8. When was the last time the property (inside / outside) was painted?
9. If a tenants, is the property maintained on a timely basis by the landlord / owner?
10. Are there any recent additions to the property?
11. In what areas of the yard do the children generally play?

Any questions regarding lead-based paint were answered and EPA/HUD provided literature was left with the study participant. Prior to leaving the site all investigative derived waste was removed

and disposed of off site. Collected samples were documented on a chain of custody and shipped to the laboratory for analysis the same week they were acquired. Analytical results were received via fax approximately one (1) week later, with original hard copies arriving via mail one (1) week later. A report of the findings was developed noting if lead-based hazards were found and where. In addition, general information and site-specific lead paint prevention measures utilizing EPA/HUD guidelines were provided. Reports were mailed to participants approximately four (4) weeks from the date of the inspection.

Results

Only 33 homes in Escambia County were able to be checked by ECHD staff. No homes in Santa Rosa County were lead tested by the ECHD.

The ECHD staff had great difficulty developing interest in homeowners/tenants to have their home lead-tested even with a previous history of a resident's child with an elevated BLL. Thirty of 33 homes were tested due to public response from media reports of this project while three of 30 homes were tested from referrals by the ECHD lead program. Only three homes were evaluated where children with elevated BLL's resided. None of these homes had lead contaminants above the HUD action levels.

Tables 1 to 3 show the analysis results for the paint chips, soil, and wipe sample, respectively. The current HUD/EPA exposure limits are given in Table 4.

For those homes evaluated by the ECHD, the following results are presented:

1. **Paint Chip Sample Analysis**
   Eight Escambia homes had paint chip analysis performed. One of eight homes built before 1978 had lead-based paint detectable at the HUD/EPA exposure limit guideline of ≥ 0.5% by weight, making a lead prevalence of 12.5%. Six out of eight homes had lead paint measured above the lower limit of detection indicating a 75% prevalence.
2. **Soil Sample Analysis**
   Twenty-one homes in Escambia County built before 1978 had outside soil tested for lead. Four out of twenty-one homes had lead levels above the HUD/EPA exposure limit guideline of 400

ppm, for a prevalence of 19%. Thirteen of twenty-one homes had levels of lead above the detection limit for a prevalence of 61.9%.

3. **Wipe Sample Analysis**

   Wipe Samples were taken from 33 separate homes. HUD/EPA exposure limit guidelines are: Floor (40 µg), window sill (250 µg) and window trough (400 µg). Floors were swiped in 30 homes with 4 testing positive for lead at the HUD/EPA guideline level giving a 13.3% prevalence. Twenty-one homes were window sill tested with two positively testing for lead for a 9.5% prevalence. Four homes had their window trough tested of which there were three positives for lead showing a 75% prevalence rate.

4. **Summary**

   From a total of 33 homes tested by the ECHD by examining paint chips, sills or wipes, 7 of 33 had at least one component at greater than the HUD/EPA guidelines for a lead prevalence of 21.2%. Seventeen of thirty-three homes or 51.5% had any measurable lead above the HUD/EPA detection limit.

The City of Pensacola HUD section 8 program performed lead testing on homes in Escambia and Santa Rosa counties. This data was not available as a hard copy but was related to ECHD staff by the City lead investigator (S. Hunt, 2005). The City's sampling method were paint chips only in areas of the home that had contaminated or damaged paint. The samples were tested by BTS Labs in Waldorf, MD. They did not perform an investigation of the entire home.

The results from the City's HUD testing programs were:

1. 300 homes were tested.
2. 50-55% of homes tested above the HUD guidelines.
3. 80% of homes tested above the detection limit.
4. Homes built between 1900-1940 comprised about 50% of the homes tested and almost always tested at least one sample above the detection limit.
5. Homes built in the 1950's had a lead prevalence of 50% above the HUD guidelines.
6. Homes built in the 1960's had a lead prevalence of about 10% above the HUD guidelines.
7. Homes built in the 1970's had a lead prevalence of about 10% above the HUD guidelines.

Table 1

Paint Chip Sample Analysis

Sample ID Number	Results (%)	Hot	Home Age
17-32501-2416-01	<0.007		1948
17-32501-2416-03	<0.010		1948
17-32501-316-02	0.14		1900
17-32501-921-03	790	X	1930
17-32503-1003-04	0.13		1923
17-32503-2620-04	0.058		1960
17-32506-17-03	0.14		1958
17-32532-1353-02	<0.009		1972
17-32534-1353-06	0.13		1972

HUD/EPA Definition of Lead-Based Paint ≥ 0.5% by weight scores an “X” in the hot column

Table 2

Soil Sample Analysis

Sample ID Number	Results (ppm)	Hot	Home Age
17-32501-1010-02	310		1927
17-32501-1103-02	460	X	1938
17-32501-2416-04	72		1948
17-32501-316-05	260		1900
17-32501-830-03	74		1943
17-32501-921-03	790	X	1930
17-32501-1003-05	440	X	1923
17-32503-1209-06	54		1947
17-32503-1425-03	1100	X	1946
17-32503-3620-03	45		1960
17-32504-1205-03	49		1957
17-32504-4040-03	<45		1965
17-32504-4525-03	<43		1973
17-32504-5802-01	<43		1963
17-32505-3212-02	<44		1956
17-32506-110-02	<42		1957
17-32506-17-04	<38		1958
17-32506-617-02	<49		1947
17-32526-4661-03	<27		1970
17-32534-1353-05	85		1972
17-32477-1241-02	74		1962

HUD/EPA Exposure Limit Guidelines ≥ 400 ppm (play areas) scores an “X” in the hot column

Table 3

Wipe Sample Analysis

Sample ID Number	Results Total Lead (ug)	Component	Hot	Home Age
17-32501-1010-01	<20.0	Floor		1927
17-32501-1103-01	64.8	Floor (40)	X	1938
17-32501-1107-01	<20.0	Floor		1903
17-32501-1720-01	27.6	Floor		1918
17-32501-1720-02	<20.0	Sill		1918
17-32501-1808-01	<20.0	Sill		1941
17-32501-1808-02	<29.2	Sill		1941
17-32501-2018-01	<20.0	Floor		1944
17-32501-2018-02	<20.0	Sill		1944
17-32501-2416-02	<20.0	Sill		1948
17-32501-316-01	328	Floor (40)	X	1900
17-32501-316-03	17300	Sill (250)	X	1900
17-32501-316-04	<20.0	Floor		1943
17-32501-830-01	<20.0	Sill		1943
17-32501-830-02	<20.0	Floor		1943
17-32501-921-01	1340	Trough (400)	X	1930
17-32501-921-02	<20.0	Floor		1930
17-32503-1003-01	<20.0	Floor		1923
17-32503-1003-02	467	Sill (250)	X	1923
17-32503-1003-03	17900	Trough (400)	X	1923
17-32503-1209-01	<20	Floor		1947
17-32503-1209-02	20.4	Floor		1947
17-32503-1209-03	<20	Floor		1947
17-32503-1209-04	<20	Sill		1947
17-32503-1209-05	1540	Trough (400)	X	1947

Sample ID Number	Results Total Lead (ug)	Component	Hot	Home Age
17-32503-1425-01	<20.0	Sill		1946
17-32503-1425-02	100	Floor (40)	X	1946
17-32503-3040-01	<20.0	Floor		1962
17-32503-3620-01	<20.0	Trough		1960
17-32503-3620-02	682	Floor (40)	X	1960
17-32504-1205-01	<20.0	Floor		1957
17-32504-1205-02	<20.0	Sill		1957
17-32504-3620-01	<20.0	Floor		1967
17-32504-4040-01	<20.0	Sill		1965
17-32504-4040-02	<20.0	Floor		1965
17-32504-4190-01	<20.0	Sill		1972
17-32504-4525-01	<20.0	Sill		1973
17-32504-4525-02	<20.0	Floor		1973
17-32504-5255-01	<20.0	Floor		1973
17-32504-5255-02	<20.0	Sill		1973
17-32504-6853-01	<20.0	Sill		1969
17-32504-6853-02	<20.0	Floor		1969
17-32505-3212-01	<20.0	Floor		1956
17-32506-110-01	42.4	Sill		1957
17-32506-17-01	<20.0	Floor		1958
17-32506-17-02	<20.0	Floor		1958
17-32506-617-01	<20.0	Floor		1947
17-32507-216-01	<20.0	Sill		1944
17-32507-216-02	<20.0	Floor		1944
17-32514-710-01	<20.0	Floor		1955
17-32526-2620-01	55.6	Sill		1970
17-32526-2620-02	<20.0	Floor		1970
17-32526-4661-01	<20.0	Sill		1970
17-32526-4661-02	<20.0	Carpet / Floor		1970
17-32533-3080-01	<20.0	Sill		1974

Sample ID Number	Results Total Lead (ug)	Component	Hot	Home Age
17-32533-3080-02	<20.0	Floor		1974
17-32534-1353-01	<29.0	Sill		1972
17-32534-1343-03	<20.0	Floor		1972
17-32534-1353-04	<20.0	Carpet / Floor		1972
17-32577-1241-01	<20.0	Floor		1962

HUD/EPA Exposure Limit Guidelines Floor (≥40 µg), window sill (≥250 µg), window trough (≥400 µg) scores an "X" in the hot column.

Table 4

Current HUD/EPA Exposure Limits

Paint	
0.1 mg/cm2 or 5000 ppm or 0.5% by weight	HUD / EPA Definition of Lead Based Paint
Bare Soil	
400 ppm	Play Areas
1,200 ppm	Remainder of Yard (Arithmetic mean)
Water	
15 ppb	EPA Maximum Containment Level
Dust	
40 µg/ft2	Floors
250 µg/ft2	Interior window sills (stools)
400 µg/ft2	Window Troughs and exterior surfaces

Discussion

Toxicity of lead correlates with venous blood lead concentrations and progresses from developmental delays and reduction of IQ at levels around 10 microgram/deciliter (mcg/dL) to coma and death at levels over 70 mcg/dL. The higher a child's blood lead level (BLL) and the longer it persists, the greater the chance that the child will be affected. The physiological effects of elevated blood lead levels can be learning disabilities, behavioral problems, mental retardation, hearing loss, anemia, kidney problems, and at extremely high levels, seizures, coma, and even death (CDC, 1997; AAP, 1998). Most children with elevated BLLs show no obvious symptoms until they reach school age. At that point, some may show learning and behavioral problems.

The impact of lead exposure on cognition in young children at elevated blood levels 10 mcg/dL or greater is associated with a 3.0 point decrease in IQ (Tong et al., 1996). Also, children with blood levels of 10 mcg/dL or greater have a mean Bayley Mental Developmental Index score that is 6.2 points lower than that of children with blood levels between 0 and 9.9 mcg/dL (Mendelsohn et al., 1999). Other effects include documented deficits in cognitive processing, hearing acuity, fine motor performance, and behavioral disorders (Ferguson et al, 1988; Needleman, 1979, 1990). Quite often, these children do not exhibit overt signs of lead intoxication until blood levels exceed 35 mcg/dL or higher (Lin-Fu, 1982; Needleman et al., 1979, 1990). Blood lead levels less than 10 mcg/dL have been associated with adverse effects on the central nervous system in developing children (Needleman et al., 1979, 1990). Results from the Port Pirie Cohort Study and other studies indicate that cognitive effects of early lead exposure are often not reversible even if exposure is reduced and blood lead levels decline (Ferguson et al., 1988; Needleman et al., 1979, 1990). Such studies were responsible for the reduction of CDC's action level for blood lead in children – from 60 mcg/dL in 1960 to 30 mcg/dL in 1970 with further reduction in 1985 to 25 mcg/dL and then to 10 mcg/dL in 1991 (AAP, 1999). However, neurological impairment in American children exposed to lead is estimated to cost several billions of dollars annually for healthcare and special education costs (EPA, 2002).

The study work performed by the ECHD was only able to perform lead testing at 33 locations. A community wide promotion effort was mounted that included multiple community partners and the news media. Several challenges were noted that impeded the ability to perform more residential testing including:

- The word "free" is misleading to people.

- The majority of people contacting the ECHD were not the target audience.
- People were contacting the ECHD about a vacation or secondary owned property and wanting free testing where no children are present. These individuals were generally of a financial stature that they could afford inspection and abatement.
- The fear of what may happen if they find out they have lead (i.e. will they be evicted, will they have to clean their property).
- Various owner liability issues.
- Apathy (what they don't know can't hurt them).
- The target audience tends to move frequently so they tend to be less well informed.

The laboratory detection reporting limit for lead is 20 µg for wipe samples. Thus, the laboratory does not have the ability to detect lead at smaller concentrations in these samples than 20 µg. A large number of homes in the study tested at this level. Therefore, the results can be misleading and lead one to assume that <20 µg is an indication that the home is absent of lead. However, a home can have less than 20 µg sampling results and still be a hazard. At the same time, a home that tests below the HUD action level does not necessarily translate into a safe home. Because low levels of lead are difficult to detect, but still a potential hazard to children, due diligence must be maintained in preventing lead hazards in the home. Regardless of whether lead was found in large amounts or non-detectible levels, each study participant was provided with education materials and contact names and numbers for further advice on dealing with lead hazards. Specific recommendations were made to study participants that varied from extensive building replacement, interim controls and inexpensive ways to maintain a clean home, and, therefore, reduce lead hazards in the home.

The data shows that detecting lead can be problematic when looking at window sills, floors, window trough and soil samples as well as selected paint chips. There are several reasons why more lead positive samples were not acquired:

1. Too many layers of paint overlying the lead-based paint, or the inclusion of substrate when taking a paint sample may skew the reported concentrations downward (too low) as analytical testing of lead in paint is based on weight.
2. In a lead hazard screen, only deteriorated paint is tested. Thus, a lead hazard screen cannot conclude there is no lead-based paint in the home.
3. Lead can still be present in paint, which is not classified as "lead-based." This occurs when the paint has a lower concentration of lead than the federal government regulates or if

concentrations are below laboratory detection limits. If lead is present in the pain, lead dust would be released when the paint deteriorates, or is disturbed during activities that break the surface of the paint such as sanding or scraping.

4. Lead may be present in areas other than structural room components. Examples include as lead-based paint on furniture, or glassware and ceramics containing lead used by the family to store food and drink.
5. Good housekeeping prevents dust from accumulating and therefore sufficient dust would not be available for a good sample.

Although the ECHD was unable to evaluate as many homes as originally intended, those homes tested, built before 1979, showed a lead prevalence of 21.2% (above the HUD guidelines) and 51.5% (with any detectable level of lead). The City of Pensacola HUD program data showed a wide variation of lead prevalence depending on the home's decade of construction. This city data showed a cumulative lead prevalence between 50-55% above HUD guidelines and 80% with any detectable levels of lead.

Although the actual number of homes sampled for lead was not what was anticipated, the study does indicate that a large percentage of Escambia County residents may not be aware of the hazards that led-based paint presents to the community. There is evidence that continued education and lead screening of homes and children would be beneficial for the reduction of lead hazards in the home and result in an increase in the overall health of the community.

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Appendix A:

Field Sample Forms

Property Contact_____ Phone Number_____

Property Address_____City:_____ State: _____

Zip:_____County: _____ Property Description: Levels_____Color_____

# of Structures_____ Age of Structure:_____Condition:_____

Sample #	Sample ID#	Room	Surface Type	Sample Type	Lab Results	Comments
1				**D P S W**		
2				**D P S W**		
3				**D P S W**		
4				**D P S W**		
5				**D P S W**		
6				**D P S W**		
7				**D P S W**		
				D P S W		

Date Sampled:_____Sent To Lab:_____Results Received:_____

Sampler:_____Sampler Signiture_____

Appendix B:

Laboratory Chain of Custody

Appendix C:

Building Condition Form

FLORIDA DEPARTMENT OF HEALTH

Building Condition Assessment

Address_____

Date_____**Inspector**_____

Building Component	Location	Substrate	Paint Condition G / F/ P /NP	Comments
Building Siding				
Exterior Trim				
Window Troughs				
Exterior Doors				
Railings				
Porch Floors				
Other Porch				
Interior Doors				
Ceilings				
Walls				
Interior Windows				
Interior Floors				
Interior Trim				
Stairways				
Radiator				
Kitchen Cabinets				
BR Cabinets				
Plumbing				
Other Surfaces				

General notes: _____

_____

_____

_____

Appendix D:

Project Introduction Letter (Tenants)

March 28, 2003

Dear Property Tennant

Across America many older communities are dealing with housing problems, Escambia and Santa Rosa Counties are no exception. One of the major housing problems American children face is poisoning from lead-based paint. Changes in laws have greatly reduced the amount of lead in our environment today. However, if you own a home or apartment built before 1978, it may have been painted with lead-based paint.

In conjunction with the University of West Florida and the Centers for Disease Control (CDC), the Escambia County Health Department has been given the opportunity to selectively inspect homes within the county for lead hazards.

The inspection is at no cost to you and is not destructive. With your cooperation, we will be able to provide you with valuable information to keep your family safe from lead hazards. The health department will provide you with a report outlining lead hazards and cost effective ways you can correct or prevent additional lead hazards.

If you would like to have a free home inspection of your property, please contact Lori Stansbury at (850) 595-6700 and we will be happy to schedule an appointment to have a certified inspector come to your home.

Sincerely,

John J. Lanza, MD, PhD, MPH, FAAP
CHD Director - Health

Appendix E

Project Introduction Letter (Owners)

March 28, 2003

Dear Property Owner / Tennant

Across America many older communities are dealing with housing problems, Escambia and Santa Rosa Counties are no exception. One of the major housing problems American children face is poisoning from lead-based paint. Changes in laws have greatly reduced the amount of lead in our environment today. However, if you own a home or apartment built before 1978, it may have been painted with lead-based paint.

In conjunction with the University of West Florida and the Centers for Disease Control (CDC), the Escambia County Health Department has been given the opportunity to selectively inspect homes within the county for lead hazards.

The inspection is at no cost to you and is not destructive. With your cooperation, we will be able to provide you with valuable information to keep your tenants safe from lead hazards. The health department will provide you with a report outlining lead hazards and cost effective ways you can correct or prevent additional lead hazards.

If you would like to have a free home inspection of your property, please contact Lori Stansbury at (850) 595-6700 and we will be happy to schedule an appointment to have a certified inspector come to your home.

Sincerely,

John J. Lanza, MD, PhD, MPH, FAAP
CHD Director - Health

Appendix F:

Disclosure / Consent Form