

31 Sheffield Street

80-F-11

WALKER

x

October 20, 1977 ✓

Chestnut St. Methodist Society in Portland
c/o George Stilpen
17 Chestnut Street
Portland, Maine 04102

Re: 31 Sheffield Street 80-F-11
NCP -Oakdale

Gentlemen:

The Housing Inspections Division of the Department of Neighborhood Conservation has recently completed an exterior inspection of your property in conjunction with the above referred program.

Congratulations are extended to you for the general conditions of your property which was found to meet the standards established by the City's Housing Code. We did, however, note the following items that could cause future problems.

1. Overall Trim - Peeling Paint.

Good maintenance is the best way to protect the value of your property and neighborhood.

Please feel free to call on us if we can be of assistance to you.

Sincerely yours,
Joseph E. Gray, Jr., Director
Neighborhood Conservation

By _____
Lyle D. Noyes,
Chief of Housing Inspections

Inspector H. Bartlett
Bartlett

1dn/76

NOTICE OF LEAD-BASED PAINT HAZARD

CITY OF PORTLAND
Health & Social Services Dept.
Housing Division
Telephone 775-5451 - Ext. 448

Ch.-Bl.-Lot: 80-F-11
Address: 31 Sheffield Street
D.U. Location: Entire
Occupant: Rev. & Mrs. Main
Issued: 4-12-76
Expires: 5-12-76

Chestnut Street Methodist Society in Portland
c/o Mr. George Stilphen
17 Chestnut Street
Portland, Maine 04111

Dear Mr. Stilphen:

An examination was made of the premises at 31 Sheffield Street, Portland, Maine, in which a child has been found to have an elevated blood lead level. Violations of the Municipal Codes and State Law (Chapter 239) relating to lead-based paint hazards were found as described in detail on the enclosed inspection report.

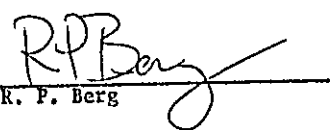
In accordance with provisions of the above mentioned Codes, you are hereby ordered to correct these defects on or before May 12, 1976. You may contact this office to arrange a satisfactory repair schedule if you are unable to make such repairs within the specified time. We will assume the repairs to be in progress if we do not hear from you within ten days from this date and, on reinspection within the time set forth above, will anticipate that the lead-based paint hazard has been removed in accordance with the City's Code Standards.

Your cooperation will help this Department in its goal to eliminate the incidence of lead-based paint poisoning from all children in the City of Portland.

Sincerely yours,

David C. Bittenbender
Director - Health & Social Services

Inspector


R. P. Berg

By 
Chief of Housing Inspections

EXCERPTS FROM CHAPTER 307 - "MINIMUM STANDARDS FOR HOUSING" SECTION 9A:

"When the Health Officer, or his duly authorized agent, determines that the presence of lead-based paint upon any premises creates a health hazard to children, he shall issue an order in writing to the owner of said premises setting forth the conditions found and fixing a time limit within which said conditions shall be corrected by removing all accessible layers of lead-based paint to the base surface up to a distance of five feet from the floor level and by scraping and removing from said premises all peeling or loose lead-based paint above said five-foot level. In lieu of removal of such paint to base surface, said surfaces shall be completely covered with a durable, protective material adjudged satisfactory by the Health Officer based on a finding that such material will permanently prevent the ingestion of lead-based paint."

Encl.

PS Form 3811, Jan. 1975

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one):
- Show to whom and date delivered..... 35¢
 - Show to whom, date, & address of delivery... 35¢
 - RESTRICTED DELIVERY
Show to whom and date delivered 45¢
 - RESTRICTED DELIVERY
Show to whom, date, and address of delivery 85¢

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	235450	

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE Addressee Authorized agent

Carol C. Pratt (Sec.)

DATE OF DELIVERY

POSTMARK

5. ADDRESS (Complete only if requested)



6. UNABLE TO DELIVER BECAUSE:

CLERK'S INIT

CITY OF PORTLAND - DEPARTMENT OF HEALTH & SOCIAL SERVICES

LEAD POISONING AND LEAD-BASED PAINT DETOXIFICATION PROGRAM

Address: 37 Sheffield Street Date: 9-3-75
 D.U. Location: Entire Owner/Agent: Chestnut Street Methodist Society
 Occupant: Rev. & Mrs. Main Address: c/o George Stillphen
 Children: 3 Ages: 4, 5 and 18 mos. Patient's Name: Kent & Kristen Main
 Referred By: Nursing Blood Lead Level: Kent 25 ug - Kristen 39 ug

DIGITAL ANALYZER (LEAD DETECTOR) READINGS Mg/cm²

INTERIOR ROOMS:	Kitchen	Bath	Living	Dining	Bd. #1	Bd. #2	Bd. #3	Bd. #4	Other
W. Sills	4.8	3.2	6.7		3.2	2.3	2.4		
Doors	2.4	3.0			<i>checked Noyes</i>				
Walls									
M. Board	3.2	2.6							
Cabinets									
Furniture									
Door Frames								Chairs	
Other	2.3	2.5						16.0	
COMMON AREAS:	Hall	Stair	F.Porch	R.Porch	Entry	Other	R.Hall	Bath	2nd fl.
Steps							Other	Other	Other
Rails								2.6	
Outside Fr. Doors	7.3							3.1	
Walls								4.0	
Other							2.6	4.3	

ALL ABOVE AREAS HAVING A READING OF 2 OR MORE (mg/cm²) DENOTE AN UNACCEPTABLE LEVEL OF LEAD-BASED PAINT. THESE AREAS MUST BE MADE HAZARD FREE ON OR BEFORE May 12, 1976, IN ACCORDANCE WITH CITY AND STATE CODE STANDARDS.

Please call this office if you have any questions regarding this notice. Housing Inspections Division - Tel. 775-5451 - Ext. 448.

Housing Inspector

R.P. Berg
R. Berg

Health & Social Services Department
 Housing Inspections Division
 Lyle D. Noyes, Chief of Housing Inspections

NURSING DIVISION

HOUSING INSPECTIONS DIVISION

LABORATORY

LEAD PAINT REMOVAL FINANCIAL INCENTIVE PROGRAM

CITY OF PORTLAND
Department of Health & Social Services
Housing Inspections Division
Telephone 775-5451 - Extension 448

DATE April 12, 1976


Chestnut Street Methodist Society in Portland
c/o Mr. George Stilphen
17 Chestnut Street
Portland, Maine 04111

THE EXISTENCE OF LEAD-BASED PAINT IN A LARGE PORTION OF DWELLING UNITS IN PORTLAND PRESENTS THE POTENTIAL HEALTH HAZARD OF LEAD POISONING TO PRE-SCHOOL CHILDREN OF THE CITY. IN ORDER TO REDUCE THAT HAZARD IN THE DWELLING UNITS AND COMMON AREAS WHERE A CHILD HAS BEEN IDENTIFIED BY THE NURSING DIVISION OF THE DEPARTMENT OF HEALTH & SOCIAL SERVICES AS HAVING LEAD POISONING, OR INCREASED LEAD ABSORPTION, THE CITY IS OFFERING A LEAD-PAINT REMOVAL FINANCIAL INCENTIVE PROGRAM TO THE OWNERS OF THOSE DWELLING UNITS.

THIS INCENTIVE PROGRAM IS TO ASSIST PROPERTY OWNERS IN THE RELIEF OF COSTS INVOLVED IN THE REDUCTION OF THE HEALTH HAZARD. AFTER THE LEAD PAINT HAZARD IS REDUCED IN THE DWELLING UNIT, THE OWNER WILL BE PAID 50% OF THE COST OF THE REMOVAL TO A MAXIMUM OF \$1,000. PER DWELLING UNIT. PAYMENT WILL BE BASED ON CONTRACTOR ESTIMATES AND DOCUMENTED EXPENSES. IN CASES WHERE THERE ARE UNUSUAL CIRCUMSTANCES AND IT WOULD BE NECESSARY TO GO BEYOND THE USUAL RECOMMENDATIONS IN ORDER TO REDUCE THE HAZARD, AN APPEAL FOR ADDITIONAL FUNDS MAY BE MADE TO THE CITY COUNCIL HOUSING COMMITTEE.

IN ORDER TO PARTICIPATE IN THIS PROGRAM, PLEASE SIGN THE ATTACHED APPLICATION.

David C. Bittenbender, Director
Health & Social Services


Lyle D. Noyes
Chief of Housing Inspections


R.P. BERG
Housing Inspector

LEAD PAINT HAZARD

DETOXIFICATION INCENTIVE PROGRAM

CITY OF PORTLAND

Department of Health & Social Services
Housing Inspections Division
Telephone 775-5451 - Extension 448.

DATE _____

Chestnut Street Methodist Society in Portland
c/o Mr. George Stilphen
17 Chestnut Street
Portland, Maine 04111

APPLICATION FOR LEAD PAINT REMOVAL INCENTIVE PROGRAM.

I _____, AS OWNER OF _____ Dwelling Unit

AT _____ Building Address

WHERE A LEAD PAINT HAZARD HAS BEEN IDENTIFIED BY THE CITY OF PORTLAND, HOUSING INSPECTION DIVISION/HEALTH AND SOCIAL SERVICES DEPARTMENT, WISH TO PARTICIPATE IN THE LEAD PAINT REMOVAL INCENTIVE PROGRAM.

AFTER APPROPRIATE REDUCTION OF THE LEAD PAINT HAZARD IN THE ABOVE DWELLING UNIT AS EXPLAINED TO ME BY THE CITY'S HOUSING INSPECTOR AND CERTIFICATION BY THE INSPECTOR AT COMPLETION, I UNDERSTAND I WILL RECEIVE THE AMOUNT OF 50% OF THE COST OF THE LEAD PAINT REMOVAL (BASED ON DOCUMENTED EXPENSES), NOT TO EXCEED \$1,000. PER DWELLING UNIT.

SIGNATURE

~~CITY~~ OF PORTLAND

Department of Health & Social Services
Housing Inspections Division
Telephone 775-5451 - Extension 448

DATE April 12, 1976

Chestnut Street Methodist Society in Portland
c/o Mr. George Stilphen
17 Chestnut Street
Portland, Maine 04111
DEAR Mr. Stilphen:

A LEAD-PAINT HAZARD HAS BEEN IDENTIFIED IN

Entire Building

APARTMENT #

LOCATION

Rev. and Mrs. Main

OCCUPIED BY

31 Sheffield Street, Portland, Maine

ADDRESS

IF YOU WISH TO REVIEW THE ENCLOSED HOUSING INSPECTORS LEAD PAINT HAZARD REPORT; A PERSONAL EXPLANATION OF THE CITY'S FINANCIAL INCENTIVE PROGRAM FOR LEAD-BASED PAINT HAZARD REMOVAL; OR, A PERSONAL EXPLANATION OF THE FOLLOWING RECOMMENDATIONS FOR REMOVAL OF THE IDENTIFIED LEAD HAZARD, PLEASE CALL THIS OFFICE AT YOUR CONVENIENCE.

THE FOLLOWING ARE OUR RECOMMENDATIONS FOR PROCEDURES TO USE TO REDUCE THE LEAD PAINT HAZARD. PLEASE NOTE: WE DO NOT RECOMMEND CHEMICAL STRIPPING AGENTS OR BURNING, UNLESS PERFORMED BY A PROFESSIONAL. THOSE PROCEDURES REQUIRE EXTREME PRECAUTIONS IN ORDER TO PREVENT CREATION OF FURTHER HAZARDS BY THE INHALATION OF LEAD FUMES, FIRE, ETC.

GENERAL RECOMMENDATIONS

1. DO ONLY ONE ROOM AT A TIME. KEEP IT CLOSED OFF FROM THE REST OF THE DWELLING.
2. CHILDREN, IF AT ALL POSSIBLE, SHOULD NOT BE IN THE HOUSE WHILE WORK IS IN PROGRESS.
3. PROVIDE FOR ADEQUATE VENTILATION IN THE WORK AREA.
4. WHEN SCRAPING AND SANDING, USE A RESPIRATOR* TO PREVENT INHALATION OF THE DUST.
5. USE A VACUUM CLEANER AT FREQUENT INTERVALS TO CLEAN UP THE CHIPS AND DUST. KEEP THE ROOM AS FREE OF DUST AS POSSIBLE WHILE WORKING.
6. DISPOSE OF THE DEBRIS BY SEALING IN A PLASTIC OR PAPER BAG TO BE DISPOSED OF AT THE DUMP OR PICKED UP BY RUBBISH DISPOSAL SERVICE.
7. NON LEAD PAINT PRIMER SHOULD BE USED TO COVER ALL AREAS FROM WHICH LEAD PAINT IS REMOVED.

* AVAILABLE AT HARDWARE AND PAINT STORES.

CITY RECOMMENDATIONS FOR REMOVAL OF DESIGNATED LEAD PAINT HAZARD AREAS

I. WALLS & CEILINGS

A. PAINT

1. SCRAPE ALL FLAKING, PEELING, OR LOOSE PAINT FROM THE AREAS OF THE WALLS THAT ARE IDENTIFIED FOR YOU BY THE INSPECTOR.
2. SAND THESE AREAS TO A FEATHERED EDGE.

B. PLASTER

1. FILL HOLES IN PLASTER WITH A PLASTER-FILL OR A SPACKLING COMPOUND.
2. IN CASE OF PLASTER DETERIORATION, WALLS MAY BE COVERED WITH PANNELLING TO A DISTANCE OF FIVE FEET ABOVE THE FLOOR.
3. IT MAY BE NECESSARY TO REPLACE A CEILING IN CASE OF SERIOUS PLASTER DETERIORATION.

II. WOODWORK

A. INTERIOR WINDOWSILLS

1. SCRAPE ALL LEAD-BASED PAINT TO BARE SURFACE.

B. DOORS, WINDOW CASINGS, MOULDING, CHAIR RAILS, STAIR TREADS, RAILINGS, MOP BOARDS

1. SCRAPE ALL FLAKING, PEELING OR LOOSE PAINT FROM IDENTIFIED AREAS.
2. SAND TO A FEATHERED EDGE ALL CHIPPED EDGES OF THESE AREAS. ALL PAINT SHOULD BE REMOVED AT LEAST TWO INCHES BACK FROM THE EDGES OF DOORS, ETC.
3. IN EXTREME CASES IT MAY BE LESS COSTLY TO REPLACE SOME WOOD WORK WITH NEW MATERIALS.

III. EXTERIOR OF HOUSE

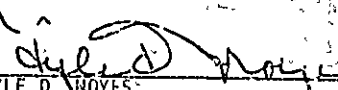
- A. REMOVE ALL LOOSE AND PEELING PAINT. CARE SHOULD BE TAKEN NOT TO ALLOW LOOSE PAINT TO FILTER ONTO AREAS ACCESSIBLE TO CHILDREN. SCRAPINGS OF LOOSE PAINT SHOULD BE DISPOSED OF IN A PROPER MANNER.

IF YOU HAVE ANY QUESTION, FEEL FREE TO CALL THE HOUSING INSPECTOR WHEN YOU FEEL THAT THE WORK IS COMPLETE. THE INSPECTOR WILL DO A RE-INSPECTION TO CERTIFY THAT THE IMMEDIATE HAZARD HAS BEEN ELIMINATED.

IT IS IMPORTANT TO UNDERSTAND THAT WE ARE REQUIRING REDUCTION OF THE IMMEDIATE HEALTH HAZARD AS IT NOW EXISTS. WE ARE NOT REQUIRING REMOVAL OF ALL LEAD PAINT. HOWEVER, UNLESS ALL LEAD PAINT IS REMOVED, A POTENTIAL HAZARD STILL EXISTS. IN ORDER TO PREVENT FUTURE HAZARDOUS CONDITIONS FROM OCCURRING, ALL PAINT AND PLASTER COVERED WITH LEAD PAINT MUST BE KEPT IN GOOD CONDITION. IF IT IS ALLOWED TO START PEELING OR FLAKING, A NEW HEALTH HAZARD WILL BE CREATED.

SINCERELY YOURS,

DAVID C. BITTENDYER, DIRECTOR
HEALTH & SOCIAL SERVICES


LYLE D. WOYES
CHIEF OF HOUSING INSPECTIONS


R. P. BERG
HOUSING INSPECTOR

CITY OF PORTLAND - HEALTH DEPARTMENT
LEAD POISONING and LEAD BASE PAINT DETECTION PROGRAM

Address: 31 Shaffield St. 80-F-11

Date: 9-3-75
Owner: Chestnut Street Methodist Society
in Portland

D.U. Location: Entire
Occupant: Rev. & Mrs. Main

Owner's Address: c/o George Stilphen
17 Chestnut Street, City

Children: 3 Ages: 4, 5 and 18 mos.

Project Area: General

Referred By: Nursing

Patient's Name: Kent and Kristen Main

Building Type: Det. Building Condition: Excellent No. D.U.: 1

DIGITAL ANALYZER (LEAD DETECTOR) READINGS Mg/cm2

INTERIOR ROOMS:	Kitchen	Bath	Living	Dining	Bd#1	Bd#2	Bd#3	Bd#4	Other
W. Sills	4.8	3.2	6.7		3.2	2.2	2.4		
Doors	2.4	3.0							
Walls									
M.Board	3.2	2.6							
Cabinets									
Furniture									
Door Frames	2.3	2.5							
COMMON AREAS:	Hall	Stair	F.Porch	R.Porch	Entry	Other	R. Hall	Bath 2	Other
Steps							16.0		
Rails									
Outside Fr. Door	7.3						5.6		
Walls							3.1		
Other							4.0		
							2.6	4.3	

THE AREAS ABOVE CONTAIN A HIGH CONCENTRATION OF LEAD BASED PAINT (OVER 2.0 mg/cm2). THESE AREAS MUST BE DETOXIFIED, ON OR BEFORE OCTOBER 4, 1975.

Comments: IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE DO NOT HESITATE TO CALL THIS OFFICE.

Housing Inspector: R. Berg

Health Dept. - Housing Division - 775-5451
Ext. 448

PORTLAND HEALTH DEPARTMENT - NURSING DIVISION - HOUSING INSPECTIONS DIVISION - LABORATORY

PS Form 3811 Nov. 1973

1. **SENDER:** Copy etc items 1 & 2. Add your address in the "RETURN TO" space on face 2.

1. The following service is requested (check one)
- Show to whom and date delivered 15¢
 - Show to whom, date, & address of 35¢
 - DELIVER ONLY TO show to whom and date delivered
 - DELIVER ONLY TO ADDRESS show to whom, date, and address of delivery 85¢

2. ARTICLE ADDRESSED TO

3. ARTICLE DESCRIPTION

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	487073	

4. (Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE
[Handwritten Signature]

DATE OF DELIVERY

9-5

POSTMARK

5. ADDRESS (Complete only if requested)

[Handwritten Address]

3. UNABLE TO DELIVER BECAUSE

CLERK'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL