

CHEROKEE NATION

Environmental Programs




LEAD-BASED PAINT CLEARANCE TEST

PARTICIPANT: PALMER, AARON

PREPARED BY: ASHLEY WAGNON, ENVIRONMENTAL SPECIALIST II

REQUESTED BY: CHEROKEE NATION HOUSING REHABILITATION (HUD) –
GEORGE HUBBARD

Memo

To: George Hubbard
CC: Lori Dorr, Tonya Lockwood
From: Ashley Wagnon 
Date: 8/12/2013
Re: Aaron Palmer, LBP Clearance

Enclosed is the second LBP clearance test for Aaron Palmer (201 N Main St, Muldrow, OK). Since all lead-based paint hazards have been corrected, the home now meets the criteria established by HUD for lead safety.

If you have any questions please call me at 453-5370.

Lead Hazard Control Visual Clearance Form

Date August 8, 2013

Name of Clearance Examiner Ashley Wagnon

License Number OKRASR13320, CNRASR00018

Name of Property Owner Aaron Palmer

Property Address 201 N Main St, Muldrow, OK

Date Cleanup Completed 8/8/2013

Time Cleanup Completed 12:30 PM

Abatement/Interim Control Contractor Name Connelly Brothers Construction

Address 621 S Holly, Sallisaw, OK 74955

Telephone No. 918-775-5436

Check if repeat clearance examination x

Room ID	Building components requiring treatment	Work completed? (yes or no)	Paint Chips? (yes or no)	Dust? (yes or no)	Additional Work Required?
Bedroom 3	Window Sills (Elevated Dust Levels)	Yes	No	No	No

Exterior Soil Treated Not Treated

If treated, is bare soil present Yes No

Was contaminated soil removed? Yes No

Is additional soil treatment required? Yes No

Signature _____

Lead Hazard Control Dust Sampling Form

Date August 8, 2013

Name of Clearance Examiner Ashley Wagnon

License Number OKRASR13320, CNRASR00018

Name of Property Owner Aaron Palmer

Property Address 201 N Main St, Muldrow, OK

Clearance Categories:

1. Interior treatments without containment.
2. Interior treatments with containment.
3. Exterior work on painted surfaces.
4. Routine maintenance.
5. Soil work.

Sample Number	Room Identifier	Surface Type	Clearance Category	Dimensions of Sample	Result of Lab Analysis ($\mu\text{g}/\text{ft}^2$)	Pass or Fail
01	Bedroom 3	WS	1	2.25x12	<53	Pass
02	Bedroom 3	Floor	1	12x12	<10	Pass
03	Kitchen	Floor	1	12x12	<10	Pass

Total Number of Samples on this Page 2

Page 1 of 1

Date of Sample Collection 8/8/13 Date Shipped to Lab 8/9/13

Shipped by Ashley Wagnon Received by EMSL Analytical
 (Signature) (Signature)

Lead Hazard Control Clearance Soil Sampling Form

Date _____

Name of Clearance Examiner _____

License Number _____

Name of Property Owner _____

Property Address _____

Sample Number	Location	Bare or Covered	Lab Result (µg/g)	Pass or Fail

Total Number of Samples on this Page _____

Page _____

Date of Sample Collection _____ Date Shipped to _____

Shipped by: _____ (Signature) Received by _____ (Signature)

**EMSL Analytical, Inc.**

3029 S. Jefferson, Saint Louis, MO 63118
 Phone/Fax: (314) 577-0150 / (314) 776-3313
<http://www.EMSL.com> saintlouislaboratory@emsl.com

EMSL Order: 391306574
 CustomerID: CHER25
 CustomerPO: 131452
 ProjectID:

Attn: **Ashley Wagnon**
Cherokee Nation Environmental Programs
206 East Allen Road
Tahlequah, OK 74464

Phone: (918) 453-5370
 Fax:
 Received: 08/12/13 8:00 AM
 Collected: 8/8/2013

Project: Palmer 2

Test Report: Lead in Dust by Flame AAS (SW 846 3050B*/7000B)

Lab ID:	Analyzed	Area Sampled	RDL	Lead Concentration	Notes
0001	8/12/2013	27 in ²	53 µg/ft ²	<53 µg/ft ²	
<i>Client Sample 01</i>					<i>Collected: 8/8/2013</i>
0002	8/12/2013	144 in ²	10 µg/ft ²	<10 µg/ft ²	
<i>Client Sample 02</i>					<i>Collected: 8/8/2013</i>
0003	8/12/2013	144 in ²	10 µg/ft ²	<10 µg/ft ²	
<i>Client Sample 03</i>					<i>Collected: 8/8/2013</i>

Jeff Siria, Laboratory Manager
 or other approved signatory

Reporting limit is 10 µg/wipe; µg/wipe = µg/ft² x area sampled in ft². Unless noted, results in this report are not blank corrected. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities (such as volume sampled) or analytical method limitations. Samples received in good condition unless otherwise noted. QC data associated with this sample set is within acceptable limits, unless otherwise noted. The lab is not responsible for data reported in µg/ft² which is dependant on the area provided by non-lab personnel. The test results contained within this report meet the requirements of NELAP unless otherwise noted. * slight modifications to methods applied. "<" (less than) results signifies that the analyte was not detected at or above the reporting limit. Measurement of uncertainty is available upon request.

Samples analyzed by EMSL Analytical, Inc. Saint Louis, MO AHA-LAP, LLC-ELLAP Accredited #102636

Initial report from 08/12/2013 12:51:11



EMSL ANALYTICAL, INC.
LABORATORY PRODUCTS TRAINING

Lead (Pb) Chain of Custody

EMSL Order ID (Lab Use Only)

2913906574
Jmt
8/12/13

EMSL Analytical, Inc.
3029 S. Jefferson

St. Louis, MO 63118
PHONE (314)-577-0150
FAX (314)-776-3313

Company: Cherokee Nation		EMSL-Bill to: <input type="checkbox"/> Different <input checked="" type="checkbox"/> Same		
Street: 206 E Allen Rd		If Bill to is Different note instructions in Comments**		
City: Tahlequah	State/Province: OK	Third Party Billing requires written authorization from third party		
Report To (Name): Ashley Wagnon	Zip/Postal Code: 74464	Country: United States		
Email Address: ashley-wagnon@cherokee.org	Telephone #: 9184535370	Purchase Order: 131452		
Project Name/Number: Palmer 2	Fax #:	Please Provide Results: <input type="checkbox"/> FAX <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Mail		
U.S. State Samples Taken: OK	CT Samples: <input type="checkbox"/> Commercial/Taxable <input type="checkbox"/> Residential/Tax Exempt			
Turnaround Time (TAT) Options* - Please Check				
<input type="checkbox"/> 3 Hour <input checked="" type="checkbox"/> 6 Hour <input type="checkbox"/> 24 Hour <input type="checkbox"/> 48 Hour <input type="checkbox"/> 72 Hour <input type="checkbox"/> 96 Hour <input type="checkbox"/> 1 Week <input type="checkbox"/> 2 Week				
<small>*Analysis completed in accordance with EMSL's Terms and Conditions located in the Price Guide</small>				
Matrix	Method	Instrument	Reporting Limit	Check
Chips <input type="checkbox"/> % by wt. <input type="checkbox"/> mg/cm ² <input type="checkbox"/> ppm	SW846-7000B	Flame Atomic Absorption	0.01%	<input type="checkbox"/>
Air	NIOSH 7082	Flame Atomic Absorption	4 µg/filter	<input type="checkbox"/>
	NIOSH 7105	Graphite Furnace AA	0.03 µg/filter	<input type="checkbox"/>
	NIOSH 7300 modified	ICP-AES/ICP-MS	0.5 µg/filter	<input type="checkbox"/>
Wipe* ASTM <input checked="" type="checkbox"/> non ASTM <input type="checkbox"/> *If no box is checked, non-ASTM Wipe is assumed	SW846-7000B	Flame Atomic Absorption	10 µg/wipe	<input checked="" type="checkbox"/>
	SW846-6010B or C	ICP-AES	1.0 µg/wipe	<input type="checkbox"/>
	SW846-7000B/7010	Graphite Furnace AA	0.075 µg/wipe	<input type="checkbox"/>
TCLP	SW846-1311/7000B/SM 3111B	Flame Atomic Absorption	0.4 mg/L (ppm)	<input type="checkbox"/>
	SW846-1131/SW846-6010B or C	ICP-AES	0.1 mg/L (ppm)	<input type="checkbox"/>
Soil	SW846-7000B	Flame Atomic Absorption	40 mg/kg (ppm)	<input type="checkbox"/>
	SW846-7010	Graphite Furnace AA	0.3 mg/kg (ppm)	<input type="checkbox"/>
	SW846-6010B or C	ICP-AES	2 mg/kg (ppm)	<input type="checkbox"/>
Wastewater Unpreserved <input type="checkbox"/> Preserved with HNO ₃ pH < 2 <input type="checkbox"/>	SM3111B/SW846-7000B	Flame Atomic Absorption	0.4 mg/L (ppm)	<input type="checkbox"/>
	EPA 200.9	Graphite Furnace AA	0.003 mg/L (ppm)	<input type="checkbox"/>
	EPA 200.7	ICP-AES	0.020 mg/L (ppm)	<input type="checkbox"/>
Drinking Water Unpreserved <input type="checkbox"/> Preserved with HNO ₃ pH < 2 <input type="checkbox"/>	EPA 200.9	Graphite Furnace AA	0.003 mg/L (ppm)	<input type="checkbox"/>
	EPA 200.8	ICP-MS	0.001 mg/L (ppm)	<input type="checkbox"/>
TSP/SPM Filter	40 CFR Part 50	ICP-AES	12 µg/filter	<input type="checkbox"/>
	40 CFR Part 50	Graphite Furnace AA	3.6 µg/filter	<input type="checkbox"/>
Other:				<input type="checkbox"/>
Name of Sampler: A. Wagnon		Signature of Sampler: <i>Ashley Wagnon</i>		
Sample #	Location	Volume/Area	Date/Time Sampled	
01	Bedroom 3 (Kid's Room) Window Sill	27 sq in	8/8/13 2:15PM	
02	Bedroom 3 (Kid's Room) Floor	144 sq in	8/8/13 2:15PM	
03	Kitchen Floor	144 sq in	8/8/13 2:15PM	
Client Sample #'s -01-03		Total # of Samples: 3		
Relinquished (Client): Ashley Wagnon	Date: 8/9/13	Time: 8:30AM		
Received (Lab): <i>[Signature]</i>	Date: 8/12	Time: SA FV		
Comments:				

8019-3608-5061