

**City of Palm Coast
HOUSING REHABILITATION PROGRAM
WORK WRITE-UP/BID FORM**

OWNER: Doyle Davis

ADDRESS: 48 Farragut Dr. Palm Coast, FL 32137

PHONE #: 386-864-2944

Home Built in 1974.

- Lead Base Paint Actions Do Not Apply:
- ACM Actions Does NOT Apply:
- Mold Actions Does Not Apply

Take Notice of any attachment pertaining to any Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all recommended actions for remediation, prevention and/or Disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is reasonable to assume that no actions are required.

Note	System	Description of Work	Location	Price	Contractor Initials
A.	REHABILITATION	Special attention should be directed to all contractor obtained LBP/ ACM/Mold reports regarding Lead Base Paint, Asbestos, and/or Mold. Any recommendations included in the reports regarding such material shall become part of the Work.	Unit	N/A	
B.	SITWORK	Rehabilitation of unit shall include: 1. Re- connects all existing TV & Phone Jacks. Install 911 addressing as required. 2. Disconnect and re-connect to community water/sewer systems if required by code or specification within this document. 3. Demolition and safe, legal, disposal of all materials, removal of all construction and replacement debris. Note: An on-site dumpster shall be maintained on site.	All/Site	\$ _____:	

THIS PAGE MUST BE INCLUDED WITH THE BID FOR IT TO BE VALID

All work to be performed in a workmanlike manner, in accordance with the CDBG Program Specifications, Florida Building Code, local codes, and manufacturer's specifications. The contractor shall be responsible for the repairs and/or reinstallation of materials/equipment/fixtures damaged or removed due to any work item contained herein. Contractors shall properly dispose of all fixtures, materials and other items removed from the dwelling unless otherwise specified herein. Bid will be accepted on the **TOTAL BID** submitted, and all items must be cost itemized in the space provided or the bid will be rejected.

This house may or may not require the homeowner to vacate the premises during the construction period. The period for Construction shall be 60 Business days (Mon-Sat) from the date of contract execution and acceptance.

This document may not be altered in any manner. The scope of work set forth in this document may not be changed without the written consent of Guardian CRM, Inc. under direct authorization from the City of Palm Coast and/or its official representatives.

I hereby certify that I am licensed by the State of Florida, Department of Business and Professional Regulation, and that I am eligible to participate in the SHIP program. I also agree that change orders above the original contract amount shall only be paid for with CDBG funds to correct documented code violations or to meet Section 8 Housing Quality Standards. Change orders must be approved by the homeowner or his/her representative, the contractor, and local government prior to any initiation of work based on that change order.

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Contractor's Address: _____

Contractor's Phone Number: _____

**SCOPE OF WORK
("SOW")
(Work Listed Below)**

NOTICE TO BIDDING GENERAL CONTRACTORS

No contractor shall, without prior written approval from the Housing Specialist/Project Manager or CDBG Program Manager, deviate from any product recommendations listed within this Scope of Work (SOW). A notice of "or equal" exchange shall be provided to the Inspector within forty-eight (48) hours of the proposed "or equal" substitution. This notice shall contain:

- 1) The names of both the SOW recommended product and proposed substitute product specification
- 2) Comparable manufacturer specifications list, included but not limited to price, warranty information, consumer review reports
- 3) Any additional information requested by the CDBG Program or its agents.
- 4) All bids to include the repair/repaint to match existing, all damaged (plaster, stucco, Tile, or any other material), walls, ceilings, ECT... affected by construction.
- 5) The contractor will provide all material and shall be responsible for covering **all** homeowner belongings, including flooring that cannot be moved during rehabilitation: this is not the owner's responsibility: Daily clean-up within and around the home is required.
- 6) All measurements and material will be the responsibility of the contracting firm: substituting items to upgrade cabinet heights is prohibited.
- 7) All change order must be approved through the CDBG office prior to any change order work can begin.
- 8) All bids are subject to "or equal" in quality and/or value line item substitutions. Or equal substitutions where the line item is not being changed can be approved by the Inspector or housing coordinator verbally. Where line items are being altered the "or equal" substitution must be documented in writing.
- 9) No work shall begin until all permits are pulled and submitted to the City. Starting work prior to obtaining permits will result in a 1 round suspension, and second violation will result in a full year program suspension, and third violation will lead to indefinite suspension.

Failure to provide any required notification will result in a violation of the terms and conditions of the SOW and Work Rehabilitation Contract and a loss of payment on the substituted product if it is not replaced with the SOW specified product. Approval will **NOT** be granted under any circumstance on or after the fact basis.

NOTE: Signature required for acknowledgment of Notice to Bidding General Contractors.

Printed Name

Signature

Date

1. General Construction and Operational:

1a. General Construction and Operational:

- The contractor shall be responsible for and provide all applications, permits, plans, engineering, or other required federal, state, and local documentation.
 - To Include all applicable Plans, Fees, Engineering, Drawings, and Permitting _____ \$ _____

1b. Extended Permit Search:

- The contractor shall be responsible for researching and providing a detailed permit history on the property. This search shall be above and beyond a basic internet permit search, which was conducted by the consulting Program Manager. The permit search shall focus on the enclosure of the carport into what is currently the garage.
 - Detailed Permit Search _____ \$ _____

2. Misc Rehabilitation

3a. Laundry Room Ceiling:

- Remove all damaged portions of the from the laundry room ceiling. Scrape the all remaining popcorn texturing from the laundry room ceiling dispose of **all** damaged ceiling drywall and removed popcorn material: Wipe down any exposed studs/beams, braces with soap & water and spray with anti-fungal disinfectant. Install new drywall ceiling in the existing foot print of the removed material: Installation to include all material (tape/mud, ect...) to ensure proper seamless, sealed installation: Paint the entire laundry room ceiling white from corner-to-corner. The finish shall be a flat, medium knockdown texture.
 - Laundry Ceiling (Specified areas as required) _____ \$ _____

3. HVAC and Electrical

3a. HVAC:

- Remove existing and install new minimum minimum14 SEER central heating and air conditioning system with electric heat pump (System tonnage strip sized to accommodate the housing unit's living space in accordance with approved energy calcs). **Rheem Prestige Series or approved equal in value and quality.**

The system is to include service to all habitable rooms, including replacing all existing ducts, plenums, junctions, and interior register vents to ensure maximum air flow: Installation shall also include air handler, piping Electrical service connects/disconnects, programmable thermostat and all other components necessary for a complete working system; Exterior compressor must be installed on a minimum 3X3 concrete pad and bolted to the pad. The contractor must provide a written statement from the HVAC firm performing the duct/plenum cleaning that the ducts have been cleaned in accordance with all governing regulations.

Note 1: Contractor shall provide drawings, energy calculations, and documents as required to perform the SOW

- HVAC all habitable rooms (1 complete unit including ductwork/plenum cleaning)___ \$

4. Exterior Rehabilitation:

4a. **Roofing:** *The CDBG Program requires that an in-progress visual inspection be completed by the program consultant prior to final roof cover installation.*

- Removing existing roofing shingles (**primary unit only**) including all deteriorated material and replace with new, 30 year asphalt, dimensional, architectural shingles. Replace sheathing and/or decking; rafter/trusses top chords; and any damaged extended support beams (take note of rear right extension beam) not to exceed (30%); any replacement above 30% will be addressed by change order with appropriate back-up.

Replace damaged fascia with like, code compliant material not to exceed (20%) of the total fascia surface area: any replacement above 20% will be addressed by change order with appropriate back-up. Paint all fascia, existing and replaced. Owner to choose new fascia paint color: paint shall consist of primer and two coats of final exterior grade paint.

Replace all vents with like code compliant products and material. Connect roof sheathing to the roof framing with eight-penny weight ring shank nails. Space them four inches apart along the edges, and six inches o/c in the middle, of the plywood sheathing. Use wood adhesive underneath the sheathing along the connecting joint with the roof trusses where applicable. Installation to include new 3"x 3" metal drip edge (**with 1/4inch offset from fascia**) and flashing shall be installed throughout the entire roof system.

One 36" layer of self adhering modified underlayment shall be placed above flashing in all valleys. The entire new roof system shall conform to building code of jurisdiction Homeowner must be given a minimum of three color/style selection choices; **No fasteners shall penetrate into the fascia or 1x2 wood drip edge nailer** ;(5 year warranty required). (**Recommended Product: Tamko Algae resistant or equal in value and quality**)

Note 1: Contractor shall submit an affidavit to the inspector to the affect that the sheathing/decking nail fastening specification described in this line item has been met.

Note 2: This item will have a mandatory inspection with the rehabilitation inspector.

Note 3: Owner shall have choice of shingle color

Note 4: One 36" layer of self adhering modified underlayment shall be placed above flashing in all valleys.

Note 5: The entire roof is to be re-fastened using faster type and spacing distances that in accordance with the current Florida Building Code requirements. The CDBG Department will require a final inspection be performed and approved by the palm Coast Building Department Inspector.

Note 6: Where existing gutters are required to be removed to allow for roofing replacement, the condition of each section to be removed and reinstalled shall be documented **IN WRITING** with the homeowner. Reinstallation should meet or exceed the documented operational order as applicable.

- Sloped Roofing- (Shingles and listed Components)_____ \$

4b. Low-Slope & Flat Roofing: *The CDBG Program requires that an in-progress visual inspection be completed by the program consultant prior to final roof cover installation.*

- Remove flat deck roof covering (**Garage**). Replace damaged sheathing, repair/replace damaged rafters and related roof components. The contractor shall include in its bid the potential of replacing deteriorated sheathing up to 40% of the roof area. Sheathing damage in excess of 40% and severe rafter damage shall be addressed in a change order. All roofs sheathing/decking nailing shall be brought up to meet the current FBC. Replacement sheathing shall be a minimum of 19/32" plywood, but may be thicker to match existing material or components. In instances where the sheathing is an exposed ceiling material, the replacement sheathing shall match existing material or components and may be planks. Plywood sheathing joints shall be covered with a secondary water barrier.

Clean the flat deck roof area to ensure the surface is prepared to take the new roofing material. Install new peel and stick roll roofing over the entire flat deck area. The roof surface should be prepared with an asphalt primer, unless otherwise prohibited by the manufacturer.

Installation should include an overlap each preceding course by 3 inches to create an effective watertight lap for the flat roof. Overlap the edge of an end piece from roll to roll by 6 inches and stagger the laps between courses. The entire new roof system shall conform to building code of jurisdiction.

Note 1: Contractor shall submit an affidavit to the inspector to the affect that the sheathing/decking nail fastening specification described in this line item has been met.

Note 2: This item will have a mandatory inspection with the rehabilitation inspector.

Note 3: The entire roof is to be re-fastened using faster type and spacing distances that in accordance with the current Florida Building Code requirements. The SHIP Department will require an in-progress visual inspection be performed and approved by the Palm Coast Building Department Inspector.

Note 4: Fascia included in sloped roof bid line item.

Note 5: Where existing gutters are required to be removed to allow for roofing replacement, the condition of each section to be removed and reinstalled shall be documented IN WRITING with the homeowner. Reinstallation should meet or exceed the documented operational order as applicable.

- Low-Sloped Roofing- (Shingles and Components) _____ \$ _____

5. Exterior Rehabilitation General:

5a. Exterior Wall Seal and Paint:

- Repair as required and seal all seams, separations, or cracks in any exterior walls (take note of deteriorated exterior right garage wall and various areas of peeling stucco): Pressure wash all exterior walls of home (including porch), exterior entry way overhang areas, fascia, soffit, and any porch walls using FGBC green standards and recommended products.

Remove any existing miscellaneous nails, tacks, screws, etc... that are embedded in the exterior walls of the home , make any stucco repairs as needed, prepare , prime, and repaint all exterior walls (including garage) and overhangs. Prepare for painting with light sanding then apply one (1) coat of acrylic primer/sealer and two (2) coats of zero-low VOC exterior paint .
(Recommended Product: Kilz Pro-X or equal in value and quality) Owner to determine color (1 primary and 1 trim color)

Note1: Contractor shall comply with manufacturer recommend time intervals between coats of paint.

- Exterior Wall Paint - (All exterior wall & overhangs) _____ \$ _____

-END SOW-

----- EXISTING DWELLING FOOTPRINT -----



----- EXISTING DWELLING FOOTPRINT -----

****SPECIAL NOTES****

All requests for information (RFI's) shall be submitted in writing/via email to:
Antonio Jenkins
Antonio.jenkins@guardiancrm.com
863-899-6695

Any and all products or services included in this scope of work shall be installed to the manufactures specifications and in compliance with all applicable Flagler County Health Department, NEC, and/or Florida Building Codes.

All NOA product numbers can be found at www.miamidade.gov/buildingcode/pc-search_app.asp.

All products with no NOA # number can be found at www.homedepot.com, www.lowes.com, or other retail outlets where such products are sold:

OFFICIAL USE ONLY

DATE SUBMITTED: _____ DATE ACCEPTED: _____

BID OPENED BY: _____ WITNESSED BY: _____

DATE OPENED: _____ TIME: _____

WORK WRITE-UP PREPARED BY: Antonio Jenkins of Guardian CRM Date: April 2016



REQUIRED ADDENDUM PAGE(S) TO FOLLOW

READ CAREFULLY-WHEN THIS BID ESTIMATE/CONTRACT IS SIGNED, YOU ARE LEGALLY RESPONSIBLE.

NOTE:

- Only licensed and insured contractors legally able to perform work within the State of Florida may submit bids/estimates. A copy of your license and certificate of insurance (listing the City and owner as additional insured) is required to be submitted with your bid.
- For Housing units constructed prior to 1978 where lead based paint may be present, contractors must have, be able to obtain, or procure a properly licensed/certified EPA-RRP firm in order to complete rehabilitation/abatement on properties where lead is found to be present.
- The bid estimates must be based on the work write-up provided by the City.
- No work shall begin and no material shall be ordered unless a NOTICE TO PROCEED is issued.
- **BUILDING PERMIT MUST BE OBTAINED FOR ALL WORK PERFORMED.**
- NO advance payment is allowed.
- Funds will be paid directly to the contractor upon submittal of a final invoice, a W-9 form, a notarized Prime Contractor and Sub-Contractor Release of Lien, a copy of the final inspection approval. For partial draws an inspection on partial work, a notarized Contractors Partial Affidavit plus other additional items identified above are required.
- No funds shall be paid to the property owner (applicant).
- All estimates must indicate if connection to public water or sewer service will be required and include all required utility capacity charges and permit fees for such services as part of the estimate.
- Owner/applicant and contractor must discuss and on all items related to this bid estimate, including color and type of material to be used (SEE Exhibit "A" to follow).
- All surfaces disturbed by construction shall be repaired in finished to match existing.
- Contractor shall take before pictures and document working condition of all areas, appliances, ect... in the immediate area of construction.
- Where owner claims of damage not related to a specific SOW is made the photos and notes referenced immediately above shall be utilized in resolving the dispute.

Contractors are prohibited from offering any additional work or favors outside of the SOW/work write-up proposed by the Housing Inspector. Any additional needed work must be done only through the City's approved CDBG change order process.

By signature below, I attest that I have read the City of Palm Coast Housing Assistance Program Intent to Bid (ITB) Publication for the CDBG Program Minimum Standards for Rehabilitation of residential properties and fully understand the requirements.

CONTRACTOR Print Name: _____

DATE: _____

CONTRACTOR Signature: _____

To receive consistent bid estimates, the City of Palm Coast Housing Assistance Consultant provides this form. The City nor its agents however, are not party to this agreement. Upon completion of any work identified in this bid estimate and approval of the final inspections by the appropriate jurisdiction building inspector, the City will release funds directly to the contractor.

NOTICE BE AWARE THAT:
FLORIDA STATUTE SECTION 837.06- FALSE OFFICIALS STATEMENTS LAW STATED THAT:

“WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND SEGREE, “ PUNISHABLE AS PROVIDED BY A FINE TO A MAXIMUM OF \$500.00 AND/OR MAXIMUM OF A SIXTY DAY JAIL TERM.

(PRINT or TYPE all information unless otherwise noted)

I/we, the undersigned contractor(s), do hereby present and propose the following cost estimate for construction/rehabilitation work to be completed on the identified residential unit. I/we further assure to the best of my ability, that the estimates contained within this bid are an accurate representation and estimate of all necessary work to be completed in relation to the identified residential unit, and **I/we acknowledge that no final payment for work shall be provided until all work has been completed and the corresponding building department has certified the residence** for occupancy, Including all necessary final inspections. All worked performed under this contract has a one (1) year warranty on all workmanship and material and a five (5) year warranty on roofing replacements from the date of the final project inspection.

Residential Unit Information:

Unit Address: 48 Farragut Dr. Palm Coast, FL 32137

Owner Name: Doyle Davis

Owner Phone #: 386-864-2944

Contractor Information:

Contractor's Name: _____ Title: _____

Company Name: _____

Address: _____ (Street or PO Box) _____ (City, State, Zip)

Contractor License Information:

State of Florida	City of Palm Coast
License Number: _____	License Number: _____

Applicant (Owner) and Contractor Contract

CONTRACTOR:

I, (the contractor) have read in its entirety, and understood and agree with all of the terms, and conditions contained within this contract and SOW documents.

Contractor's Name (Print): _____ Title: _____

Contractor's Name (Signature): _____ Date: _____

Company Name: _____ Phone: _____

Position/title/relation to Contractor (if not the Contractor: _____

ENTER FINAL TOTAL BID IN THE PRIC BOX BELOW

TOTAL Aggregate BID For: 48 Farragut Dr -----> \$ _____

OWNER:

I/we, the listed owner(s)/applicant(s), have read in its entirety, and understood and agree with all of the terms, and conditions contained within this contract and SOW documents, and intend to utilize the awarded contractor to complete the work identified in this estimate.

My/Our signature below reflects my understanding and acceptance of the aforementioned scope of work with a total project cost of

\$ _____ : (hand written by owner/applicant). I also understand and accept the possibility that this initial total project cost can change (increase or decrease) if unanticipated labor or materials changes are required for compliance with any applicable building codes or deemed necessary by the CDBG Program Manager. Any additional charges (increase or decrease) must be requested by the contractor in writing, submitted to the housing team for review, and must receive written approval from the CDBG Housing Program Manager BEFORE the additional or reduced services are to be performed.

Applicant Name (Print): _____ Initial: _____

Applicant Name (Signature): _____ Date: _____

Co-Applicant Name (Print): _____ Initial: _____

Co-Applicant Name (Signature): _____ Date: _____

“EXHIBIT A”

**CITY OF PALM COAST
CDBG
HOUSING REHABILITATION PROGRAM
HOUSING REHABILITATION PROGRAM COLOR/STYLE SELECTION**

1. Contractor must provide at least three (3) color choices for each eligible item.

NOTE: See attached scope of work for highlighted eligible items.

2. The City of Palm Coast reserves the right to veto a color choice made by the homeowner.

3. **It is the contractor’s responsibility to provide selections for the homeowner to select the colors and designs, and then sign this form.**

4. Any deviations from this process must be submitted via email to the Housing Inspector (antonio.jenkins@guardiancrm.com) for approval.

5. Color/Style selections are to be signed and forwarded to the Housing Program Inspector no later than five (5) calendar days after the NTP takes effect.

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

(NOTE: PLEASE MAKE A DUPLICATE COPY IF MORE SPACE IS REQUIRED. ALL COPIES MUST BE SIGNED)

The signatures on this document confirm acknowledgment of the above listed items:

Homeowner Signature: _____	Date: _____
Contractor Signature: _____	Date: _____
Housing Inspector Signature: _____	Date: _____

LEAD-BASED PAINT INSPECTION REPORT

REPORT NUMBER: 4/12/16 12:14

INSPECTION LOCATION: **Doyle & Therese Davis**
48 Farragut Drive
Palm Coast, Florida

INSPECTION FOR: City of Palm Coast
Community Development Block Grant
(CDBG) Program
160 Lake Avenue
Palm Coast, Florida 32164

INSPECTION DATE: 4/12/16

INSTRUMENT TYPE: RMD MODEL LPA-1
XRF TYPE ANALYZER/ SERIAL #1121

ACTION LEVEL: 1.0 MG/CM**2

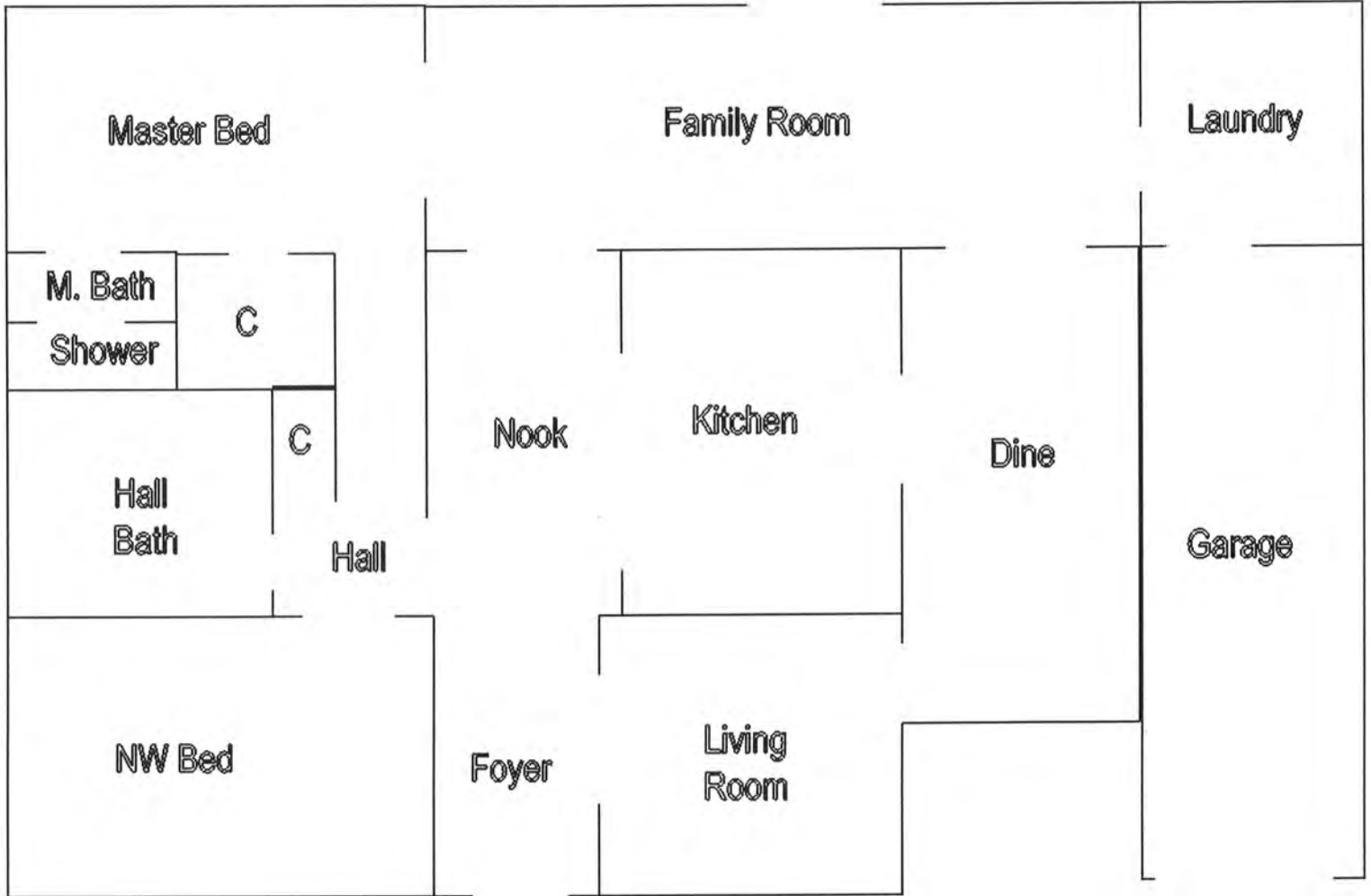
OPERATOR LICENSE: U.S. Environmental Protection Agency /
No. FL-R-4850-3

I hereby certify that to the best of my knowledge, the following report reflects the true lead content of the painted surfaces as tested by XRF at the above address.

SIGNED _____ DATE 4/13/16

Anthony C. Penna – President
Associated Consulting Professionals, Inc.
1759 Bayhill Drive
Oldsmar, Florida 34677
Phone 727.773.9200 Fax 727.787.2898

48 Farragut Drive, Palm Coast, Florida



INSPECTION REPORT CONTENTS: 48 Farragut Drive, Palm Coast, Florida

COVER PAGE

SUMMARY

XRF INSPECTION NOTES

XRF COMPUTER GENERATED DETAILED REPORT

SUMMARY

A copy of this summary must be provided to new lessees (tenants) and purchasers of this property under Federal law (24 CFR part 35 and 40 CFR part 745) before they become obligated under a lease or sales contract. The complete report must also be provided to new purchasers and it must be made available to new tenants. Landlords (lessors) and sellers are also required to distribute an educational pamphlet and include standard warning language in their leases or sales contracts to ensure that parents have the information they need to protect their children from lead-based paint hazards. (See Section IV of Chapter 7 of the HUD Guidelines for further details).

XRF INSPECTION NOTES

Anthony Penna of Associated Consulting Professionals, Inc. performed at lead-based paint inspection on this property utilizing XRF technology. This inspection did not include such items as water sampling, soil analysis, mini blind testing, lead dust analysis, furniture, bathroom and or floor/window tile-except as noted below. Non-painted items such as tile window sills and vinyl base were not tested unless they have been painted over with conventional house paints.

When identifying a testing location with a Wall A, B, C or D designation, this is used to determine where a test was taken in correlation to the numbered front entry to the home. Wall A is the front wall, B, C and D walls follow in a clockwise direction around the house or room. For this home wall A is the **West** wall in all rooms.

When an item is listed as positive it includes all like items in the identified area (room or exterior) unless otherwise noted.

Please Note: A property is exempt from having a Lead Risk Assessment performed if it has been tested by XRF by an EPA certified Lead Risk Assessor and found to not have lead-based paint covered components.

POSITIVE LEAD-BASED PAINT LOCATIONS:

Exterior – None

Interior – None

SUMMARY REPORT OF LEAD PAINT INSPECTION FOR: 48 Farragut Drive, Palm Coast, FI

Inspection Date: 04/12/16
Report Date: 4/13/2016
Abatement Level: 1.1
Report No. S#01121 - 04/12/16 12:14
Total Readings: 123 Actionable: 0
Job Started: 04/12/16 12:14
Job Finished: 04/12/16 13:06

Reading					Paint			Lead	
No.	Wall	Structure	Location	Member	Cond	Substrate	Color	(mg/cm ²)	Mode

Calibration Readings

----- End of Readings -----

DETAILED REPORT OF LEAD PAINT INSPECTION FOR: 48 Farragut Drive, Palm Coast, FL

Inspection Date: 04/12/16
 Report Date: 4/13/2016
 Abatement Level: 1.1
 Report No. S#01121 - 04/12/16 12:14
 Total Readings: 123
 Job Started: 04/12/16 12:14
 Job Finished: 04/12/16 13:06

Reading No.	Wall	Structure	Location	Member	Paint Cond	Substrate	Color	Lead (mg/cm ²)	Mode
Exterior Room 001 House									
004	A	Wall	L Rgt		I	Concrete	N/A	0.3	QM
008	A	Fascia			I	Vinyl	N/A	0.1	QM
009	A	Gutter			I	Metal	N/A	0.1	QM
007	A	Soffit			I	Vinyl	N/A	0.2	QM
013	A	Door	Ctr	Lft jamb	F	Wood	N/A	0.0	QM
014	A	Door	Ctr	U Ctr	F	Metal	N/A	0.0	QM
011	A	Secure Bars	Lft		F	Metal	N/A	0.0	QM
012	A	Beam	Lft		F	Wood	N/A	0.0	QM
010	A	Beam	Ctr		I	Wood	N/A	0.2	QM
005	A	Garage Trim	Rgt		I	Wood	N/A	0.1	QM
006	A	Garage Door	Rgt		I	Metal	N/A	0.2	QM
015	B	Wall	L Ctr		F	Concrete	N/A	0.6	QM
020	B	Attic Vent	Ctr		F	Wood	N/A	0.0	QM
016	C	Wall	L Ctr		F	Concrete	N/A	0.3	QM
017	C	Siding	Ctr		F	Metal	N/A	0.0	QM
018	C	Secure Door	Ctr		F	Metal	N/A	0.0	QM
019	D	Wall	L Ctr		F	Concrete	N/A	0.1	QM
Interior Room 001 Garage									
022	A	Wall	U Lft		F	Drywall	N/A	0.0	QM
021	A	Ceiling			F	Drywall	N/A	0.2	QM
023	B	Wall	U Ctr		F	Drywall	N/A	0.0	QM
024	C	Wall	U Ctr		F	Drywall	N/A	0.0	QM
026	C	Door	Lft	Rgt jamb	F	Wood	N/A	-0.2	QM
027	C	Door	Lft	U Ctr	F	Wood	N/A	0.0	QM
025	D	Wall	U Ctr		F	Drywall	N/A	0.4	QM
Interior Room 002 Laundry									
029	A	Wall	U Ctr		F	Drywall	N/A	0.0	QM
028	A	Ceiling			F	Drywall	N/A	0.2	QM
030	B	Wall	U Ctr		F	Drywall	N/A	0.0	QM
033	B	Door	Rgt	Lft jamb	F	Wood	N/A	0.1	QM
034	B	Door	Rgt	U Ctr	F	Wood	N/A	0.1	QM
031	C	Wall	U Ctr		F	Drywall	N/A	0.1	QM
032	D	Wall	U Ctr		F	Drywall	N/A	0.0	QM
Interior Room 003 Family Rm									
036	A	Wall	U Rgt		F	Drywall	N/A	-0.1	QM
035	A	Ceiling			F	Drywall	N/A	-0.1	QM
037	B	Wall	U Ctr		F	Drywall	N/A	0.5	QM
038	C	Wall	U Lft		F	Drywall	N/A	0.3	QM

DETAILED REPORT OF LEAD PAINT INSPECTION FOR: 48 Farragut Drive, Palm Coast, FL

Reading No.	Wall	Structure	Location	Member	Paint Cond	Substrate	Color	Lead (mg/cm ²)	Mode
042	C	Beam	Rgt		F	Wood	N/A	0.0	QM
039	D	Wall	U Ctr		F	Drywall	N/A	0.3	QM
040	D	Door	Rgt	Lft jamb	F	Wood	N/A	-0.2	QM
041	D	Door	Rgt	U Ctr	F	Wood	N/A	0.0	QM
Interior Room 004 Nook									
044	A	Wall	U Lft		F	Drywall	N/A	0.0	QM
043	A	Ceiling			F	Drywall	N/A	0.0	QM
045	B	Wall	U Ctr		F	Drywall	N/A	0.1	QM
046	C	Wall	U Lft		F	Drywall	N/A	0.0	QM
047	C	Baseboard	Lft		F	Wood	N/A	0.1	QM
Interior Room 005 Kitchen									
049	A	Wall	U Lft		F	Drywall	N/A	0.1	QM
048	A	Ceiling			F	Drywall	N/A	0.2	QM
050	C	Wall	U Ctr		F	Drywall	N/A	0.1	QM
051	D	Wall	U Lft		F	Drywall	N/A	0.1	QM
052	D	Baseboard	Lft		F	Wood	N/A	0.0	QM
Interior Room 006 Dining Rm									
054	A	Wall	U Ctr		F	Drywall	N/A	0.0	QM
053	A	Ceiling			F	Drywall	N/A	0.4	QM
055	B	Wall	U Ctr		F	Drywall	N/A	-0.1	QM
056	C	Wall	U Lft		F	Drywall	N/A	0.0	QM
057	D	Wall	U Ctr		F	Drywall	N/A	-0.1	QM
058	D	Baseboard	Ctr		F	Wood	N/A	0.4	QM
Interior Room 007 Living Rm									
061	A	Wall	U Ctr		F	Drywall	N/A	0.1	QM
065	A	Baseboard	Rgt		F	Wood	N/A	0.2	QM
059	A	Ceiling			F	Drywall	N/A	0.2	QM
060	A	Beam	Ctr		F	Wood	N/A	0.0	QM
062	B	Wall	U Lft		F	Drywall	N/A	0.2	QM
063	C	Wall	U Ctr		F	Drywall	N/A	0.0	QM
064	D	Wall	U Rgt		F	Drywall	N/A	0.0	QM
Interior Room 008 Foyer									
067	A	Wall	U Rgt		F	Drywall	N/A	0.0	QM
066	A	Ceiling			F	Drywall	N/A	0.0	QM
072	A	Door	Ctr	Rgt casing	F	Wood	N/A	0.0	QM
073	A	Door	Ctr	U Ctr	F	Wood	N/A	0.0	QM
068	B	Wall	U Ctr		F	Drywall	N/A	0.0	QM
071	B	Baseboard	Lft		F	Wood	N/A	0.3	QM
069	C	Wall	U Ctr		F	Drywall	N/A	0.0	QM
070	D	Wall	U Ctr		F	Wood	N/A	0.2	QM
Interior Room 009 Hallway									
076	A	Wall	U Ctr		F	Drywall	N/A	0.1	QM
074	A	Ceiling			F	Drywall	N/A	0.1	QM

DETAILED REPORT OF LEAD PAINT INSPECTION FOR: 48 Farragut Drive, Palm Coast, FL

Reading No.	Wall	Structure	Location	Member	Paint Cond	Substrate	Color	Lead (mg/cm ²)	Mode
081	A	Door	Rgt	Rgt casing	F	Wood	N/A	0.3	QM
082	A	Door	Rgt	U Ctr	F	Wood	N/A	0.1	QM
075	A	Attic Door	Ctr		F	Wood	N/A	-0.2	QM
077	B	Wall	U Ctr		F	Drywall	N/A	0.0	QM
083	B	Shelf	Rgt		F	Wood	N/A	0.0	QM
078	C	Wall	U Rgt		F	Drywall	N/A	0.0	QM
079	D	Wall	U Ctr		F	Drywall	N/A	0.0	QM
080	D	Baseboard	Ctr		F	Wood	N/A	0.1	QM
Interior Room 010 NW Bed									
085	A	Wall	U Ctr		F	Drywall	N/A	-0.1	QM
084	A	Ceiling			F	Drywall	N/A	0.2	QM
086	B	Wall	U Ctr		F	Drywall	N/A	-0.2	QM
087	C	Wall	U Ctr		F	Drywall	N/A	0.0	QM
090	C	Door	Rgt	Lft casing	F	Wood	N/A	0.0	QM
091	C	Door	Rgt	U Ctr	F	Wood	N/A	-0.1	QM
088	D	Wall	U Ctr		F	Drywall	N/A	0.0	QM
089	D	Baseboard	Ctr		F	Wood	N/A	0.1	QM
092	D	Shelf	Rgt		F	Wood	N/A	-0.1	QM
Interior Room 011 Hall Bath									
094	A	Wall	U Ctr		F	Drywall	N/A	-0.1	QM
093	A	Ceiling			F	Drywall	N/A	0.0	QM
095	B	Wall	U Ctr		F	Drywall	N/A	-0.1	QM
096	D	Wall	U Ctr		F	Drywall	N/A	0.0	QM
097	D	Door	Rgt	Lft casing	F	Wood	N/A	-0.2	QM
098	D	Door	Rgt	U Ctr	F	Wood	N/A	-0.1	QM
Interior Room 012 Master Bed									
100	A	Wall	U Ctr		F	Drywall	N/A	0.0	QM
099	A	Ceiling			F	Drywall	N/A	0.2	QM
105	A	Door	Lft	Rgt casing	F	Wood	N/A	0.0	QM
106	A	Door	Lft	U Ctr	F	Wood	N/A	-0.1	QM
107	A	Shelf	Ctr		F	Wood	N/A	-0.1	QM
101	B	Wall	U Ctr		F	Drywall	N/A	0.0	QM
102	C	Wall	U Ctr		F	Drywall	N/A	0.0	QM
103	D	Wall	U Ctr		F	Drywall	N/A	0.0	QM
104	D	Baseboard	Ctr		F	Wood	N/A	0.1	QM
Interior Room 013 Master Bath									
109	A	Wall	U Ctr		F	Drywall	N/A	0.1	QM
108	A	Ceiling			F	Drywall	N/A	0.1	QM
110	B	Wall	U Ctr		F	Drywall	N/A	0.2	QM
113	B	Baseboard	Ctr		F	Wood	N/A	-0.1	QM
111	C	Wall	U Ctr		F	Drywall	N/A	0.1	QM
114	C	Door	Lft	Rgt casing	F	Wood	N/A	0.2	QM
115	C	Door	Lft	U Ctr	F	Wood	N/A	0.1	QM
112	D	Wall	U Ctr		F	Drywall	N/A	0.0	QM

DETAILED REPORT OF LEAD PAINT INSPECTION FOR: 48 Farragut Drive, Palm Coast, FL

Reading No.	Wall	Structure	Location	Member	Paint Cond	Substrate	Color	Lead (mg/cm ²)	Mode
Interior Room 014 M. Shower									
116	A	Ceiling			F	Drywall	N/A	0.1	QM
117	B	Wall	U Ctr		F	Drywall	N/A	0.0	QM
118	C	Wall	U Rgt		F	Drywall	N/A	-0.1	QM
120	C	Door	Lft	Rgt casing	F	Wood	N/A	0.0	QM
119	D	Wall	U Ctr		F	Drywall	N/A	0.1	QM

Calibration Readings

001								1.3	Std
002								0.8	Std
003								1.2	Std
121								0.8	Std
122								1.2	Std
123								1.1	Std

---- End of Readings ----