Lead Risk Assessment Report

For the property at:
1943 E Trowbridge St
Milwaukee, WI 53207

Constructed in 1894; 1909

Owned by:
City of Milwaukee (School)
5225 W Vliet St
Milwaukee, WI 53208
414-475-8393



Risk assessment and report completed by:
Milwaukee Health Department

Risk assessment and report assisted by:
MHD Lead Risk Assessors

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee – Health Department
Zeidler Municipal Building | 841 N. Broadway, 1st floor
Milwaukee, WI 53202
414-286-2186
DHS Lead Company # 20210

Date of Risk Assessment: 02/22/2025
Date of Report: 03/05/2025

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1.0 Purpose and Summary of Findings

This report is the result a lead risk assessment in a property where a child who has been found with an elevated blood lead level lives or spends time. Lead risk assessments are regulated by the Wisconsin Department of Health Services[i] (DHS) under Wis. Admin. Code ch. DHS 163[ii].

1.1 Lead Risk Assessment

A lead risk assessment identifies lead-based paint hazards: lead-based paint that is deteriorated, subject to friction or impact, or has evidence of chewing, as well as areas of bare soil. This report includes information on all lead hazards found, as well as recommendations for controlling each hazard, with detailed instructions on the work required to do so. **Hazards were found in this property in the following locations:**

Lead-based paint hazards

Ground Floor:

Room Equivalent	Component	Side	Deterioration Type
007C*	DOOR JAMB	A	Friction Hazard
	DOOR	B	Impact Hazard
	BOILER	A	Impact Hazard
001A	WALL	C	Impact Hazard
	WALL	D	Impact Hazard
	SHELF	D	Impact Hazard

***Room 007C is inaccessible to children**

First Floor:

Room Equivalent	Component	Side	Deterioration Type
014A	Door	C	Impact Hazard
103*	Sill	D	Impact Hazard
13	Shelf	A	Impact Hazard

***Room 103 is inaccessible to children**

Second Floor:

Room Equivalent	Component	Side	Deterioration Type
024A	wall corner (peach)	C	Impact Hazard
24	Bottom edge windowsill	B	Impact Hazard
	Built-In Cabinet Sill	D	Impact Hazard
	Build-In Cabinet Rail	D	Impact Hazard
	Door Casing AD	D	Impact Hazard
	Windowsill	A	Impact Hazard
024 PASS	Wall	B	Impact Hazard
25	Window Casing	B	Impact Hazard
26	Blue Window Casing	B	Impact Hazard
026A	White wall	A	Impact Hazard

	White Wall above cabinet	C	Impact Hazard
026B	White wall	C	Impact Hazard
28	Window Casing	B	Impact Hazard
020B	Peach Wall	A	Impact Hazard
	White wall	A	Impact Hazard
020A	Window casing	B	Impact Hazard
21	Window casing	D	Impact Hazard
029 (Nurse)	Cabinet door slab	A	Impact Hazard
	Cabinet door rail	C	Impact Hazard
	Cabinet base	C	Impact Hazard
029A	Wainscoting	B	Impact Hazard
022A	White built in casing	C	Impact Hazard
022B	Wall (lower)	D	Impact Hazard
	Wall (upper)	D	Impact Hazard
023 PASS	Wall (lower)	A	Impact Hazard
023A	Wall (upper)	A	Impact Hazard
	Door Jamb	A	Impact Hazard
	Wall (upper)	B	Impact Hazard
23	Cabinet door casing	C	Impact Hazard
	Door Jamb cd	C	Impact Hazard
CORR 2-1	Wall Upper	D	Impact Hazard

Third Floor:

Room Equivalent	Component	Side	Deterioration Type
Corr 3-2	Wall	B	Impact Hazard
Corr 3-1	Wall	D	Impact Hazard
33	Lower Wall	B	Impact Hazard
	Wall B (Vent)	B	Impact Hazard
	Wall D (Vent)	D	Impact Hazard
32	Window Sill	A	Impact Hazard
	Plate Rail	B	Impact Hazard
	Wall	C	Impact Hazard
	Wall (Vent)	B	Impact Hazard
	Wall (Vent)	D	Impact Hazard
	Wall (Vent)	C	Impact Hazard
	Trim (Vent)	B	Impact Hazard
	Ceiling (Vent)	C	Impact Hazard
	Baseboard (Vent)	D	Impact Hazard
	Door Jamb	C	Impact Hazard
	Door	C	Impact Hazard
	Window Trim	D	Impact Hazard
	Window Trim	D	Impact Hazard
	Baseboard	D	Impact Hazard
Stage	Window Trim	D	Impact Hazard

	Wall	D	Impact Hazard
	Riser	C	Impact Hazard
Corr 3-3	Wall	B	Impact Hazard
	Wall	D	Impact Hazard
30	Wall (Vent)	B	Impact Hazard
	Wall (Vent)	D	Impact Hazard
	Baseboard (Vent)	D	Impact Hazard
	Radiator	B	Impact Hazard
	Wall (Lower)	B	Impact Hazard
	Radiator	C	Impact Hazard
	Wall (Lower)	C	Impact Hazard
	Board Trim	D	Impact Hazard
31	Door Jamb	B	Impact Hazard
	Wall Trim	B	Impact Hazard
	Plate Rail	C	Impact Hazard
	Plate Rail	B	Impact Hazard
	Plate Rail	D	Impact Hazard
	Shelf	C	Impact Hazard
	Wall (Shelf)	C	Impact Hazard
	Wall	D	Impact Hazard
	Baseboard	D	Impact Hazard
	Wall (Shelf)	A	Impact Hazard
	Wall	D	Impact Hazard
	Wall Trim	D	Impact Hazard
Stair 2-F3	Wall	B	Impact Hazard
	Wall	C	Impact Hazard
Stair 5-F3	Newel Post L		Impact Hazard
	Newel Post R		Impact Hazard
	Newel Post Landing		Impact Hazard

Exterior:

Components	Side	Deterioration Type
Entrance Door-North side Soffit*	A	Impact Hazard
Entrance Door-South side Soffit*	A	Impact Hazard

*Unable to test due to height of building component; lead hazards may be present given the age of building.

Dust lead hazards

Ground Floor:

The mean average of 44 µg/ft² is applied to all windowsills, including those not tested. Since the average is below the 100 µg/ft² threshold, **the windowsills are not considered a dust lead hazard**.

The mean average of 42.8 µg/ft² is applied to all floors including those not tested. Since the average exceeds the 10 µg/ft² threshold, **all floors on the ground floor are considered a dust lead hazard. (**Floors in Rooms 001C, 001D & 001E included in the mean average but are not accessible to children**)**

First Floor:

The mean average of 4512 µg/ft² is applied to all windowsills, including those not tested. Since the average exceeds the 100 µg/ft² threshold**, all windowsills throughout the first floor are considered a dust lead hazard.**
(Sill in Room 103 included in the mean average but is not accessible to children**)**

The mean average of 26.7 µg/ft² is applied to all floors including those not tested. Since the average exceeds the 10 µg/ft² threshold, **all floors throughout the first floor are considered a dust lead hazard.**
(Floor in Room 103 included in the mean average but is not accessible to children**)**

Second Floor:

The mean average of 44 µg/ft² is applied to all windowsills, including those not tested. Since the average is below the 100 µg/ft² threshold, **the windowsills are not considered a dust lead hazard.**

The mean average of 12.4 µg/ft² is applied to all floors including those not tested. Since the average exceeds the 10 µg/ft² threshold, **all floors throughout the second floor are considered a dust lead hazard.**

Third Floor:

The mean average of 44 µg/ft² is applied to all windowsills, including those not tested. Since the average is below the 100 µg/ft² threshold, **the windowsills are not considered a dust lead hazard**.

The mean average of sampled floors is 4.4 µg/ft². Although the average is below 10 µg/ft, **the floor in room 33 was above the hazard threshold. This surface, along with similar untested surfaces throughout the third floor, is considered a dust hazard and requires corrective measures.**

Soil lead hazards

N/A

For a description of the process used to determine the presence of lead-based paint hazards, see 3.0 Methods. For recommendations to control the hazards identified during this assessment, see 2.1 Control the hazards.

2.0 Property owner's next actions

- ☐ **Review the report** and **call the risk assessor** if you have questions.
- ☐ **Keep children away from identified hazards**.
- ☐ Clean all interior windowsills, wells, and floors using a HEPA vacuum and wet-cleaning methods.
- ☐ **Monitor paint condition**. Spiderweb cracking should be monitored closely and addressed as soon as possible to prevent further deterioration. Keep all original painted surfaces intact.

☐ **Hire a Wisconsin-certified lead company to control the hazards.** You can find a certified company in your area using the Wisconsin Department of Health Services' online search tool.

☐ **Retain this report** for future buyers, as it must be disclosed before the sale of the property.

2.1 Control the hazards

There are a range of control options for addressing the lead hazards identified through this investigation.

Interim controls may be more affordable in the short-term, but are only temporary, so will be an ongoing expense. These can be performed by a certified company with a lead-safe renovator, abatement worker, or abatement supervisor overseeing the job.

Abatement may be more expensive initially, but these measures are expected to last at least 20 years. Abatement must be conducted by a certified company with a full crew of abatement-certified staff working on the job.

If you want to keep it simple, a lead company with abatement crew can do *all* the work. You can find a Wisconsin-certified company using the Wisconsin Department of Health Services' online search tool.

Note: The hazard control options listed below are for the identified lead hazards only and require Wisconsin lead-discipline trained and certified contractors to perform the remediation work properly. The identified lead hazards may be associated with asbestos containing materials that require proper Wisconsin asbestos certifications to properly perform the remediation work, in addition to the Wisconsin lead certifications.

Lead-safe work practices are always required!

Lead-based paint hazard control options

Property historic status: Historic

Ground Floor:

Room	Substrate	Component	Side	Interim Control	Abatement
007C*	Wood	DOOR JAMB	A	Stabilize- prep & paint	Remove & replace
	Wood	DOOR	B	Stabilize- prep & paint	Remove & replace
	Metal	BOILER	A	Stabilize- prep & paint	Remove & replace
001A	Plaster	WALL	C	Stabilize- prep & paint	Enclose
	Plaster	WALL	D	Stabilize- prep & paint	Enclose
	Wood	SHELF	D	Stabilize- prep & paint	Remove & replace

***Room 007C is inaccessible to children**

First Floor:

Room	Substrate	Component	Side	Interim Control	Abatement
014A	Wood	Door	C	Stabilize- prep & paint	Remove & replace
103*	Wood	Sill	D	Stabilize- prep & paint	Remove & replace

13	Wood	Shelf	A	Stabilize- prep & paint	Remove & replace

***Room 103 is inaccessible to children**

Second Floor:

Room	Substrate	Component	Side	Interim Control	Abatement
024A	Plaster	wall corner (peach)	C	Stabilize- prep & paint	Enclose
24	Wood	Bottom edge window sill	B	Stabilize- prep & paint	Remove & replace
	Wood	Built-In Cabinet Sill	D	Stabilize- prep & paint	Remove & replace
	Wood	Build-In Cabinet Rail	D	Stabilize- prep & paint	Remove & replace
	Wood	Door Casing AD	D	Stabilize- prep & paint	Remove & replace
	Wood	Window Sill	A	Stabilize- prep & paint	Remove & replace
024 PASS	Plaster	Wall	B	Stabilize- prep & paint	Enclose
25	Wood	Window Casing	B	Stabilize- prep & paint	Remove & replace
26	Wood	Blue Window Casing	B	Stabilize- prep & paint	Remove & replace
026A	Plaster	White wall	A	Stabilize- prep & paint	Enclose
	Plaster	White Wall above cabinet	C	Stabilize- prep & paint	Enclose
026B	Plaster	White wall	C	Stabilize- prep & paint	Enclose
28	Wood	Window Casing	B	Stabilize- prep & paint	Remove & replace
020B	Plaster	Peach Wall	A	Stabilize- prep & paint	Enclose
	Plaster	White wall	A	Stabilize- prep & paint	Enclose
020A	Wood	Window casing	B	Stabilize- prep & paint	Remove & replace
21	Drywall	Window casing	D	Stabilize- prep & paint	Remove & replace
029 (Nurse)	Wood	Cabinet door slab	A	Stabilize- prep & paint	Remove & replace
	Wood	Cabinet door rail	C	Stabilize- prep & paint	Remove & replace
	Wood	Cabinet base	C	Stabilize- prep & paint	Remove & replace
029A	Wood	Wainscoting	B	Stabilize- prep & paint	Remove & replace
022A	Wood	White built in casing	C	Stabilize- prep & paint	Remove & replace
022B	Plaster	Wall (lower)	D	Stabilize- prep & paint	Enclose
	Plaster	Wall (upper)	D	Stabilize- prep & paint	Enclose
023 PASS	Plaster	Wall (lower)	A	Stabilize- prep & paint	Enclose
023A	Plaster	Wall (upper)	A	Stabilize- prep & paint	Enclose
	Wood	Door Jamb	A	Stabilize- prep & paint	Remove & replace
	Plaster	Wall (upper)	B	Stabilize- prep & paint	Enclose
23	Wood	Cabinet door casing	C	Stabilize- prep & paint	Remove & replace
	Wood	Door Jamb cd	C	Stabilize- prep & paint	Remove & replace
CORR 2-1	Plaster	Wall Upper	D	Stabilize- prep & paint	Enclose

Third Floor:

Room	Substrate	Component	Side	Interim Control	Abatement
Corr 3-2	Plaster	Wall	B	Stabilize- prep & paint	Encapsulate or enclose
Corr 3-1	Plaster	Wall	D	Stabilize- prep & paint	Encapsulate or enclose
33	Wood	Lower Wall	B	Stabilize- prep & paint	Encapsulate or enclose
	Concrete	Wall B (Vent)	B	Stabilize- prep & paint	Encapsulate or enclose

	Concrete	Wall D (Vent)	D	Stabilize- prep & paint	Encapsulate or enclose
32	Wood	Window Sill	A	Stabilize- prep & paint	Remove & replace
	Wood	Plate Rail	B	Stabilize- prep & paint	Remove & replace
	Plaster	Wall	C	Stabilize- prep & paint	Encapsulate or enclose
	Concrete	Wall (Vent)	B	Stabilize- prep & paint	Encapsulate or enclose
	Concrete	Wall (Vent)	D	Stabilize- prep & paint	Encapsulate or enclose
	Concrete	Wall (Vent)	C	Stabilize- prep & paint	Encapsulate or enclose
	Wood	Trim (Vent)	B	Stabilize- prep & paint	Encapsulate or enclose
	Concrete	Ceiling (Vent)	C	Stabilize- prep & paint	Encapsulate or enclose
	Wood	Baseboard (Vent)	D	Stabilize- prep & paint	Encapsulate or enclose
	Wood	Door Jamb	C	Stabilize- prep & paint	Remove & replace
	Wood	Door	C	Stabilize- prep & paint	Remove & replace
	Wood	Window Trim	D	Stabilize- prep & paint	Remove & replace
	Wood	Window Trim	D	Stabilize- prep & paint	Remove & replace
	Wood	Baseboard	D	Stabilize- prep & paint	Remove & replace
Stage	Wood	Window Trim	D	Stabilize- prep & paint	Remove & replace
	Plaster	Wall	D	Stabilize- prep & paint	Encapsulate or enclose
	Wood	Riser	C	Stabilize- prep & paint	Encapsulate or enclose
Corr 3-3	Plaster	Wall	B	Stabilize- prep & paint	Encapsulate or enclose
	Plaster	Wall	D	Stabilize- prep & paint	Encapsulate or enclose
30	Concrete	Wall (Vent)	B	Stabilize- prep & paint	Encapsulate or enclose
	Concrete	Wall (Vent)	D	Stabilize- prep & paint	Encapsulate or enclose
	Wood	Baseboard (Vent)	D	Stabilize- prep & paint	Encapsulate or enclose
	Metal	Radiator	B	Stabilize- prep & paint	Remove & replace
	Wood	Wall (Lower)	B	Stabilize- prep & paint	Encapsulate or enclose
	Metal	Radiator	C	Stabilize- prep & paint	Remove & replace
	Wood	Wall (Lower)	C	Stabilize- prep & paint	Encapsulate or enclose
	Wood	Board Trim	D	Stabilize- prep & paint	Remove & replace
31	Wood	Door Jamb	B	Stabilize- prep & paint	Remove & replace
	Wood	Wall Trim	B	Stabilize- prep & paint	Encapsulate or enclose
	Wood	Plate Rail	C	Stabilize- prep & paint	Remove & replace
	Wood	Plate Rail	B	Stabilize- prep & paint	Remove & replace
	Wood	Plate Rail	D	Stabilize- prep & paint	Remove & replace
	Wood	Shelf	C	Stabilize- prep & paint	Remove & replace
	Plaster	Wall (Shelf)	C	Stabilize- prep & paint	Remove & replace
	Plaster	Wall	D	Stabilize- prep & paint	Encapsulate or enclose
	Wood	Baseboard	D	Stabilize- prep & paint	Remove & replace
	Plaster	Wall (Shelf)	A	Stabilize- prep & paint	Remove & replace
	Plaster	Wall	D	Stabilize- prep & paint	Encapsulate or enclose
	Wood	Wall Trim	D	Stabilize- prep & paint	Remove & replace
Stair 2-F3	Plaster	Wall	B	Stabilize- prep & paint	Encapsulate or enclose
	Plaster	Wall	C	Stabilize- prep & paint	Encapsulate or enclose
Stair 5-F3	Metal	Newel Post L		Stabilize- prep & paint	Encapsulate or enclose
	Metal	Newel Post R		Stabilize- prep & paint	Encapsulate or enclose
	Metal	Newel Post Landing		Stabilize- prep & paint	Encapsulate or enclose

Exterior:

Components	Side	Interim Control	Abatement
Entrance Door- North side Soffit*	A	Stabilize- prep & paint	Enclose
Entrance Door South side Soffit*	A	Stabilize- prep & paint	Enclose

*Unable to test due to height of building component; lead hazards may be present given the age of building

Dust lead hazard control options

CLEAN WITH HEPA VACUUM AND THOROUGHLY WASH HARD SURFACES (INTERIM CONTROL):

Ground Floor - All floors
First Floor - All floors and windowsills
Second Floor - All floors
Third Floor - The floor in room 033, along with similar untested surfaces throughout the third floor

Soil lead hazard control options

N/A

2.2 Monitor and maintain

Since lead-based paint is present, lead-based paint hazards may develop over time. Regular monitoring is necessary to ensure surfaces remain intact. This may be done by an owner, a certified risk assessor or hazard investigator by looking for any areas of new deterioration, rot, substrate or component failure due to leaking gutters, missing downspouts, leaking roofs or pipes. If any are found, a certified company with properly trained and certified staff can make needed repairs using lead-safe methods. Find a contractor using the Wisconsin Department of Health Services' online search tool. For a detailed maintenance and monitoring schedule, see APPENDIX E: Ongoing Monitoring.

2.3 Disclose this report to future purchasers and renters of this property

Provide a copy of this report, along with a copy of the educational pamphlet, Protect Your Family from Lead in Your Home[iii], to potential tenants or purchasers of this property before they become obligated under a sales contract or lease. More information on complying with this federal regulation is available at Lead-Based Paint Disclosure Rule (Section 1018 of Title X).

3.0 Methods

3.1 Visual assessment

Before testing, the risk assessor visually inspected the property for potential lead hazards. The risk assessor developed a list of each instance of a painted or coated surface with:

- Deteriorated paint (for example, paint that is chipping, peeling, or cracking).
- Friction forces (for example, a window sash sliding up and down against jambs and stops).
- Impact forces (for example, a door panel striking a door stop).
- Evidence of chewing (for example, teeth marks on a window sill).
- A failing substrate (for example, rotted wood from moisture).

Surfaces identified as potential lead hazards through the visual assessment process are identified as "deteriorated" in the results table under the Condition heading. The risk assessor also evaluated the building's condition to determine the root cause of any major substrate failure and/or paint deterioration. See the 5.4 Building condition assessment for additional details. The risk assessor inspected the grounds on the property's exterior for any instances of bare soil.

3.2 Paint inventory

Before testing, the risk assessor prepared an inventory of painted or coated surfaces. For each "room equivalent" in the building, including all interior and exterior common areas, the risk assessor listed each painted component, grouping together (following the HUD Guidelines[iv]) any surfaces with the same substrate (brick, concrete, drywall, metal, plaster, or wood) that are likely to share a similar paint history. From this inventory, the risk assessor selected at least one test location for each surface with a distinct paint history.

3.3 Paint testing

The risk assessor followed the documented methodologies (for example, the HUD Guidelines) to identify all surfaces with distinct paint history for testing. A SciAps X550 X-ray fluorescence (XRF) instrument, serial numbers **1043, 1045, 1061,** and **1138** was used to test each of these surfaces. For additional details on the procedures used for paint analysis, see APPENDIX A: XRF and Calibration Information

The results of paint analyses were used to determine the presence of lead-based paint hazards for surfaces identified as deteriorated in the Condition column of the Results table.

3.4 Dust analysis

Single-surface dust-wipe samples were collected from windowsills and floors, following documented protocol and sampling methodologies found in Wis. Admin. Code ch. DHS 163 and Appendix 13.1: Wipe Sampling of Settled Dust for Lead Determination[v], of the HUD Guidelines.

The results of dust analyses were used to determine the presence of dust lead hazards.

3.5 Soil analysis

Because there was snow on the ground, the risk assessor was unable to inspect exterior play areas, the "dripline" area next to the foundation, or the rest of the yard for bare soil. **Soil lead hazards may be present.** The yard should be reinspected for bare soil after the snow melts, and if any is found, it should be sampled and analyzed for lead concentration following documented protocol and sampling methodologies found in Wis. Admin. Code ch. DHS 163 and Appendix 13.3, Collecting Soil Samples for Lead Determination[vi] of the HUD Guidelines in each of the following areas to determine if lead soil levels are hazardous:

- Children's play areas
- The rest of the yard
- The foundation and dripline area

4.0 Limitations

The findings in this report are based on the conditions observed on the date of the investigation. Because conditions may change over time, it is important that the property owner monitor *all* surfaces that are positive for lead. Any changes could make the surface a lead-hazard that should be addressed with a lead hazard control measure.

HUD considers a risk assessment conducted within the past twelve months to be current.

Some surfaces could not be fully assessed or inspected because they were inaccessible. For example, carpeted flooring is not tested, and lead-based paint could be present underneath. These surfaces are noted by room in the results section in the Room Notes table.

All areas were not accessible. See floor plan for areas that were inaccessible. Lead hazards may be present. Children should not be allowed in these areas until it has been assessed by a certified lead risk assessor or lead hazard investigator.

This risk assessment only identifies lead hazards present at this property. Children can be exposed to lead wherever they spend time. In addition, dust from contaminated work clothes and shoes, glazed pottery, certain home remedies and traditional cosmetics, imported candies, toy jewelry, and hobby supplies may contain lead. For additional information on sources of lead, visit CDC's Sources of Lead Exposure webpage.

This risk assessment is not a comprehensive investigation for other hazardous materials (for example, asbestos) or building conditions (for example, Housing Quality Standards [HQS]). Further analysis by properly trained and certified investigators is needed to make informed decisions about these latter conditions.

5.0 Background information

5.1 Physical characteristics of the property

The Trowbridge Street School is a multi-story cream brick school building constructed in 1894, with a significant addition completed in 1909. The structure includes classrooms, administrative offices and an gymnasium. The surrounding grounds consist of a lawn enclosed with an iron picket fence at the front and a paved playground area at the rear, which was expanded in the 1920s and again in the 1970s to provide additional recreational space. There are no garages or outbuildings on the property. The property is bordered by E Trowbridge St to the north, S Delaware Ave to the east, S Mabbett Ave to the west, and residential properties to the south.

5.2 Previous lead investigations

No previous lead investigations were known to exist at the time of this assessment. Any potential lead-related concerns have been evaluated based on current inspection protocols and visual assessments.

5.3 Building maintenance and renovations

MPS facilities and maintenance serves as the administrator/record-keeper for all building maintenance records pertaining to this property. Notable renovations and updates noticed by the LRA team included aluminum windows, fiberboard lower wall sections, caulked trim seams, and partial paint cover of potential lead-based paint hazards.

5.4 Building condition assessment

Because building conditions, such as a roof leak, could impact the success of future hazard control options, the assessor also looked for potential underlying cause of deterioration.
Note: Any building material that is not wood, metal, fiberglass, or glass may contain asbestos.

Question	Answer	Comment
1. **Roof missing parts of surfaces (tiles, boards, shakes, etc.)?**	No	
2. **Roof has holes or large cracks?**	No	
3. **Gutters or downspouts broken?**	No	
4. **Chimney masonry cracked, bricks loose or missing, obviously out of plumb?**	No	
5. **Exterior or interior walls have obvious large cracks or holes, requiring more than routine pointing (if masonry) or painting?**	No	
6. **Exterior siding has missing boards or shingles?**	No	
7. **Water stains on interior walls or ceilings?**	No	
8. **Walls or ceilings deteriorated?**	Yes	See XRF readings in Section 6
9. **More than very small[i] amount of paint in a room deteriorated?**	Yes	See XRF readings in Section 6
10. **Two or more windows or doors broken, missing, or boarded up?**	No	
11. **Porch or steps have major elements broken, missing, or boarded up?**	No	
12. **Foundation has major cracks, missing material, structure leans, or visibly unsound?**	No	
13. **Is the property listed as historic per HPC?**	Yes	

[i]The very small amount is the de minimis amount under the HUD Lead-safe Housing Rule (24 CFR 35.1350(d)), or the amount of paint that is not “paint in poor condition” under the EPA lead training and certification (“402”) rule (40 CFR 745.223).

5.5 Occupant Information

This is a child-occupied commercial building constructed prior to 1978. All areas accessible to children were assessed throughout the school complex.

6.0 Full results

6.1 Visual assessment, paint inventory and paint test results (XRF)

The Federal definition[vii] of lead-based paint[i] is: any paint or surface coating containing lead at or above 1.0 milligrams per square centimeter (mg/cm²) or more than 0.5% by weight.

In Wisconsin, a surface is considered lead-bearing if an XRF reading is **≥ 1.0 mg/cm²** in the dried film. However, Milwaukee Ordinance 66-21-16 applies a more stringent standard, defining a lead-based surface as having a lead content of **≥ 0.7 mg/cm²** when measured by an X-ray fluorescence (XRF) analyzer. **This report's findings are based on Milwaukee's definition of lead-based paint.**

The risk assessment results that follow are organized by room, followed by a section on dust-wipe sampling results. Calibration readings and the performance characteristics sheet of the X-ray fluorescence (XRF) instrument used for this investigation is provided in APPENDIX A: XRF and Calibration Information

Ground Floor:

002			
Room notes: N/A			
Substrate	**Components**	**Condition**	**Reason not tested**
Metal	Pipe	Deteriorated	Unable to test due to height.

006B						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
5	Metal	VENT	B	0.5	Deteriorated	NO
Room notes: N/A						

001D						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
6	Concrete	WALL	B	0.0	Deteriorated	NO
7	Concrete	WALL	A	0.0	Deteriorated	NO
8	Wood	WALL TRIM	B	0.0	Deteriorated	NO
Room notes: N/A						

001						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
9	Concrete	WALL	B	0.2	Deteriorated	NO
Room notes: N/A						

STAIR 2-G1

[i] Wisconsin law is less restrictive, defining any paint or any other surface coating material containing more than 1 milligram of lead per square centimeter in the dried film of applied paint, as lead-based paint. The federal definition is used here to assure compliance with both state and federal law.

Room notes: N/A

Substrate	Components	Condition	Reason not tested
Plaster	Ceiling	Deteriorated	Unable to test due to height.

CORR G-3

Room notes: N/A

Substrate	Components	Condition	Reason not tested
Plaster	Ceiling	Deteriorated	Unable to test due to height

007 (Engineer)

Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
10	Metal	PIPE	D	0.4	Deteriorated	NO
11	Metal	SINK	D	0.1	Deteriorated	NO
12	Metal	SINK PIPE	D	0.1	Deteriorated	NO

Room notes: **This room is not accessible to children**

007B

Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
13	Metal	Pipe	C	0.2	Deteriorated	NO

Room notes: **This room is not accessible to children**

007C

Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
14	**Wood**	**DOOR JAMB**	**A**	**11.0**	Deteriorated	**YES**
15	Concrete	WALL	B	0.3	Deteriorated	NO
16	**Wood**	**DOOR**	**B**	**10.0**	Deteriorated	**YES**
17	**Metal**	**BOILER**	**A**	**5.1**	Deteriorated	**YES**

Room notes: **This room is not accessible to children**

Substrate	Components	Condition	Reason not tested
Plaster	Ceiling	Deteriorated	Unable to test due to height.

CORR G-4

Room notes: N/A

Substrate	Components	Condition	Reason not tested
Plaster	Ceiling	Deteriorated	Unable to test due to height

009

Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
18	Plaster	WALL	C	0.0	Deteriorated	NO

Room notes: N/A

STAIR 5-G1

Room notes: N/A			
Substrate	**Components**	**Condition**	**Reason not tested**
Plaster	Ceiling	Deteriorated	Unable to test due to height

001A						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
19	**Plaster**	**WALL**	**C**	**0.8**	Deteriorated	**YES**
20	**Plaster**	**WALL**	**D**	**3.0**	Deteriorated	**YES**
21	**Wood**	**SHELF**	**D**	**6.9**	Deteriorated	**YES**
22	Plaster	WALL	A	0.5	Deteriorated	NO
Room notes: N/A						

First Floor:

014A						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
5	Metal	Vent	A	0.0	Deteriorated	NO
6	**Wood**	**Door**	**C**	**3.5**	**Deteriorated**	**YES**
Room notes: N/A						

015						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
7	Wood	Shelf	C	0.2	Deteriorated	NO
8	Drywall	Wall	D	0.3	Deteriorated	NO
Room notes: N/A						

103						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
9	**Wood**	**Windowsill**	**D**	**8.5**	**Deteriorated**	**YES**
Room notes: **This room is not accessible to children**						
Substrate	**Components**	**Condition**	**Reason not tested**			
Metal	Pipe	Deteriorated	Inaccessible to test. Lead hazards may be present in these areas.			

104						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
10	Wood	Baseboard	C	0.0	Deteriorated	NO
Room notes: N/A						

013						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
11	**Wood**	**Shelf**	**A**	**4.3**	**Deteriorated**	**YES**

Room notes: N/A

014						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
12	Wood	Shelf	B	0.0	Deteriorated	NO
13	Drywall	Wall	C	0.0	Deteriorated	NO
Room notes: N/A						

012						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
14	Drywall	Wall	D	0.0	Deteriorated	NO
Room notes: N/A						

Second Floor:

024A						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
6	**Plaster**	**wall corner (peach)**	**C**	**4.0**	**Deteriorated**	**YES**
Room notes: N/A						

024						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
8	Wood	Window sill	A	0.1	Deteriorated	NO
9	Plaster	Wall	A	0.3	Deteriorated	NO
10	Plaster	Wall	A	0.1	Deteriorated	NO
11	Wood	Trim under window sill	B	0.4	Deteriorated	NO
12	**Wood**	**Bottom edge window sill**	**B**	**4.5**	**Deteriorated**	**YES**
13	Plaster	Wall D	D	0.5	Deteriorated	NO
14	**Wood**	**Built-In Cabinet Sill**	**D**	**3.3**	**Deteriorated**	**YES**
15	**Wood**	**Build-In Cabinet Rail**	**D**	**9.5**	**Deteriorated**	**YES**
16	**Wood**	**Door Casing AD**	**D**	**10.3**	**Deteriorated**	**YES**
17	**Wood**	**Window Sill**	**A**	**0.7**	**Deteriorated**	**YES**
Room notes: N/A						

024 PASS						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
7	**Plaster**	**Wall**	**B**	**1.2**	**Deteriorated**	**YES**
Room notes: N/A						

025A

Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
18	Plaster	Wall above trim	C	0.1	Deteriorated	NO
Room notes: N/A						

025						
Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
19	Plaster	Wall	B	0.3	Deteriorated	NO
20	**Wood**	**Window Casing**	**B**	**8.6**	**Deteriorated**	**YES**
Room notes: N/A						

026						
Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
21	Plaster	Wall	B	0.1	Deteriorated	NO
22	**Wood**	**Blue Window Casing**	**B**	**7.9**	**Deteriorated**	**YES**
23	Plaster	Wall above chalkboard	D	0.1	Deteriorated	NO
Room notes: N/A						

026A						
Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
24	**Plaster**	**White wall**	**A**	**5.5**	**Deteriorated**	**YES**
25	Plaster	White Wall	B	0.0	Deteriorated	NO
26	Wood	Built-In Rail	C	0.0	Deteriorated	NO
27	**Plaster**	**White Wall above cabinet**	**C**	**4.0**	**Deteriorated**	**YES**
28	Wood	Coat hook rail lower	D	0.3	Deteriorated	NO
29	Wood	Coat hook rail upper	D	0.2	Deteriorated	NO
Room notes: N/A						

026B						
Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
30	**Plaster**	**White wall**	**C**	**4.0**	**Deteriorated**	**YES**
31	Wood	Peach Door Jamb	D	0.6	Deteriorated	NO
Room notes: N/A						

028						
Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
32	**Wood**	**Window Casing**	**B**	**11.2**	**Deteriorated**	**YES**
33	Wood	Window Ledge/Shelf	B	0.0	Deteriorated	NO
Room notes: N/A						

020B

Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
34	**Plaster**	**Peach Wall**	**A**	**2.0**	**Deteriorated**	**YES**
35	**Plaster**	**White wall**	**A**	**4.4**	**Deteriorated**	**YES**
36	Wood	Base Shoe	C	0.2	Deteriorated	NO
Room notes: N/A						

020A						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
37	Plaster	Light blue wall	C	0.2	Deteriorated	NO
38	**Wood**	**Window casing**	**B**	**9.4**	**Deteriorated**	**YES**
39	Plaster	Upper blue wall	C	0.3	Deteriorated	NO
Room notes: N/A						

021						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
40	Metal	Pipe BC	C	0.0	Deteriorated	NO
41	**Wood**	**Window casing**	**D**	**8.9**	**Deteriorated**	**YES**
Room notes: N/A						

029 (Nurse)						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
44	**Wood**	**Cabinet door slab**	**A**	**4.6**	**Deteriorated**	**YES**
45	**Wood**	**Cabinet door rail**	**C**	**9.9**	**Deteriorated**	**YES**
46	**Wood**	**Cabinet base**	**C**	**8.3**	**Deteriorated**	**YES**
Room notes: N/A						

029A						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
42	**Wood**	**Wainscoting**	**B**	**9.5**	**Deteriorated**	**YES**
43	Metal	Radiator	D	0.6	Deteriorated	NO
Room notes: N/A						

022A						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
47	**Wood**	**White built in casing**	**C**	**8.0**	**Deteriorated**	**YES**
Room notes: N/A						

022 (Library)

Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
48	Metal	Radiator	D	0.1	Deteriorated	NO
Room notes: N/A						

022B						
Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
49	Wood	Cabinet door slab	A	0.0	Deteriorated	NO
50	Wood	Cabinet Shelf	A	0.0	Deteriorated	NO
51	Wood	Door Casing	B	0.3	Deteriorated	NO
52	Wood	Door Jamb	B	0.2	Deteriorated	NO
53	Metal	Pipe	D	0.3	Deteriorated	NO
54	**Plaster**	**Wall (lower)**	**D**	**3.1**	**Deteriorated**	**YES**
55	**Plaster**	**Wall (upper)**	**D**	**1.9**	**Deteriorated**	**YES**
56	Metal	Pipe	D	0.1	Deteriorated	NO
57	Concrete	Floor		0.0	Deteriorated	NO
Room notes: N/A						

023 PASS						
Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
58	**Plaster**	**Wall (lower)**	**A**	**1.8**	**Deteriorated**	**YES**
59	Wood	Door Casing	A	0.2	Deteriorated	NO
Room notes: N/A						

023A						
Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
60	**Plaster**	**Wall (upper)**	**A**	**0.9**	**Deteriorated**	**YES**
61	**Wood**	**Door Jamb**	**A**	**7.3**	**Deteriorated**	**YES**
62	**Plaster**	**Wall (upper)**	**B**	**0.7**	**Deteriorated**	**YES**
Room notes: N/A						

023						
Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?
63	Plaster	Wall Upper	C	0.1	Deteriorated	NO
64	**Wood**	**Cabinet door casing**	**C**	**9.0**	**Deteriorated**	**YES**
65	Plaster	Wall Upper	D	0.1	Deteriorated	NO
66	**Wood**	**Door Jamb CD**	**C**	**9.9**	**Deteriorated**	**YES**
Room notes: N/A						

CORR 2-1						
Reading #	Substrate	Component	Side	Result (mg/cm2)	Condition	LBP Hazard?

68	**Plaster**	**Wall Upper**	**D**	**2.3**	**Deteriorated**	**YES**
Room notes: N/A						

Third Floor:

Corr 3-2						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
9	Plaster	Wall	A	0.2	Deteriorated	NO
10	Plaster	Wall	B	0.2	Deteriorated	NO
11	**Plaster**	**Wall**	**B**	**0.8**	**Deteriorated**	**YES**
Room notes: N/A						

Corr 3-1						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
12	**Plaster**	**Wall**	**D**	**0.7**	**Deteriorated**	**YES**
Room notes: N/A						

033						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
13	**Wood**	**Lower Wall**	**B**	**7.0**	**Deteriorated**	**YES**
14	**Concrete**	**Wall B (Vent)**	**B**	**6.9**	**Deteriorated**	**YES**
15	**Concrete**	**Wall D (Vent)**	**D**	**5.4**	**Deteriorated**	**YES**
16	Concrete	Ceiling (Vent)	C	0.3	Deteriorated	NO
Room notes: N/A						

032						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
17	**Wood**	**Window Sill**	**A**	**1.6**	**Deteriorated**	**YES**
18	Metal	Radiator	A	0.2	Deteriorated	NO
19	**Wood**	**Plate Rail**	**B**	**>10**	**Deteriorated**	**YES**
20	Wood	Door Jamb	B	0.2	Deteriorated	NO
21	**Plaster**	**Wall**	**C**	**7.8**	**Deteriorated**	**YES**
22	**Concrete**	**Wall (Vent)**	**B**	**7.3**	**Deteriorated**	**YES**
23	**Concrete**	**Wall (Vent)**	**D**	**5.4**	**Deteriorated**	**YES**
24	**Concrete**	**Wall (Vent)**	**C**	**6.2**	**Deteriorated**	**YES**
25	**Wood**	**Trim (Vent)**	**B**	**6.6**	**Deteriorated**	**YES**
26	**Concrete**	**Ceiling (Vent)**	**C**	**1.8**	**Deteriorated**	**YES**
27	**Wood**	**Baseboard (Vent)**	**D**	**3.7**	**Deteriorated**	**YES**
28	**Wood**	**Door Jamb**	**C**	**>10**	**Deteriorated**	**YES**
29	**Wood**	**Door**	**C**	**>10**	**Deteriorated**	**YES**
30	**Wood**	**Window Trim**	**D**	**6.3**	**Deteriorated**	**YES**
31	Wood	Cork Board Trim	D	0.4	Deteriorated	NO

32	Plaster	Wall	D	0.4	Deteriorated	NO
33	**Wood**	**Window Trim**	**D**	**7.3**	**Deteriorated**	**YES**
34	Metal	Radiator	D	0.1	Deteriorated	NO
35	**Wood**	**Baseboard**	**D**	**9.7**	**Deteriorated**	**YES**
Room notes:						

Substrate	Components	Condition	Reason not tested
Wood	Ceiling	Deteriorated	Height

034						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
36	Wood	Baseboard	A	0.5	Deteriorated	NO
37	Plaster	Wall	A	0.1	Deteriorated	NO
38	Metal	Pipe	B	0.4	Deteriorated	NO
Room notes: N/A						

Stage						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
39	**Wood**	**Window Trim**	**D**	**7.6**	**Deteriorated**	**YES**
40	**Plaster**	**Wall**	**D**	**3.3**	**Deteriorated**	**YES**
41	Wood	Baseboard	D	0.6	Deteriorated	NO
42	**Wood**	**Riser**	**C**	**9.6**	**Deteriorated**	**YES**
43	Metal	Pipe	C	0.2	Deteriorated	NO
44	Metal	Pulley	C	0.0	Deteriorated	NO
Room notes: N/A						

Corr 3-3						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
45	**Plaster**	**Wall**	**B**	**2.8**	**Deteriorated**	**YES**
46	**Plaster**	**Wall**	**D**	**0.8**	**Deteriorated**	**YES**
Room notes: N/A						

030						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
47	**Concrete**	**Wall (Vent)**	**B**	**6.7**	**Deteriorated**	**YES**
48	**Concrete**	**Wall (Vent)**	**D**	**5.6**	**Deteriorated**	**YES**
49	**Wood**	**Baseboard (Vent)**	**D**	**7.6**	**Deteriorated**	**YES**
50	**Metal**	**Radiator**	**B**	**1.2**	**Deteriorated**	**YES**
51	**Wood**	**Wall (Lower)**	**B**	**7.2**	**Deteriorated**	**YES**
52	**Metal**	**Radiator**	**C**	**1.5**	**Deteriorated**	**YES**
53	**Wood**	**Wall (Lower)**	**C**	**8.5**	**Deteriorated**	**YES**
54	Wood	Wall Trim	D	0.4	Deteriorated	NO
55	**Wood**	**Board Trim**	**D**	**1.2**	**Deteriorated**	**YES**
Room notes: N/A						

031						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
56	Wood	Door Jamb	B	0.4	Deteriorated	NO
57	**Wood**	**Door Jamb**	**B**	**8.0**	**Deteriorated**	**YES**
58	**Wood**	**Wall Trim**	**B**	**7.8**	**Deteriorated**	**YES**
59	**Wood**	**Plate Rail**	**C**	**7.4**	**Deteriorated**	**YES**
60	**Wood**	**Plate Rail**	**B**	**9.6**	**Deteriorated**	**YES**
61	**Wood**	**Plate Rail**	**D**	**9.5**	**Deteriorated**	**YES**
62	**Metal**	**Radiator**	C	0.0	Deteriorated	NO
63	Plaster	Ceiling	C	0.2	Deteriorated	NO
64	**Wood**	**Shelf**	**C**	**>10**	**Deteriorated**	**YES**
65	**Plaster**	**Wall (Shelf)**	**C**	**7.5**	**Deteriorated**	**YES**
66	Metal	Radiator	D	0.6	Deteriorated	NO
67	Metal	Radiator	D	0.0	Deteriorated	NO
68	**Plaster**	**Wall**	**D**	**5.1**	**Deteriorated**	**YES**
69	**Wood**	**Baseboard**	**D**	**7.3**	**Deteriorated**	**YES**
70	**Plaster**	**Wall (Shelf)**	**A**	**8.7**	**Deteriorated**	**YES**
71	**Plaster**	**Wall**	**D**	**3.5**	**Deteriorated**	**YES**
72	**Wood**	**Wall Trim**	**D**	**>10**	**Deteriorated**	**YES**
73	Plaster	Ceiling	D	0.4	Deteriorated	NO
Room notes: N/A						

Stair 2-F3						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
74	**Plaster**	**Wall**	**B**	**1.5**	**Deteriorated**	**YES**
75	**Plaster**	**Wall**	**C**	**1.8**	**Deteriorated**	**YES**
76	Plaster	Wall (Landing)	C	0.0	Deteriorated	NO
77	Plaster	Wall (Landing)	C	0.2	Deteriorated	NO
78	Plaster	Wall (Lower)	D	0.0	Deteriorated	NO
Room notes:						

Substrate	**Components**	**Condition**	**Reason not tested**
Wood	Attic Door	Deteriorated	Height
Wood	Attic Door Trim	Deteriorated	Height

Stair 5-F3						
Reading #	**Substrate**	**Component**	**Side**	**Result (mg/cm2)**	**Condition**	**LBP Hazard?**
5	**Metal**	**Newel Post L**		**5.8**	**Deteriorated**	**YES**
6	**Metal**	**Newel Post R**		**6.3**	**Deteriorated**	**YES**
7	**Metal**	**Newel Post Landing**		**1.2**	**Deteriorated**	**YES**
8	Wood	Railing	B	0.1	Deteriorated	NO
Room notes: N/A						

Exterior:

Exterior A			
Room notes:			
Substrate	**Components**	**Condition**	**Reason not tested**
Wood	North Soffit A	Deteriorated	Too high to test, lead hazards may be present in these areas given the age of the building
Wood	South Soffit A	Deteriorated	Too high to test, lead hazards may be present in these areas given the age of the building

6.2 Dust analysis results

A lead dust hazard is present if the arithmetic mean average of laboratory results for all like surfaces are equal to or are greater than 10 micrograms per square foot (µg/ft²) on a floor and 100 micrograms per square foot (µg/ft²) on a windowsill.

The risk assessors collected **160** single surface wipe samples to find out if lead dust hazards were present on floors or windowsills. **7** field blank sample anonymously marked was included and analyzed as a quality control check. Samples were analyzed by:

City of Milwaukee – Public Health Laboratories
841 North Broadway, Room 205
Milwaukee, WI 53202
414-286-3526
ID# 102186

Wipe Sampling Summary Table
Property address**: 1943 E Trowbridge St**
Collection date: 2/22/2025
Collection time: 08:30 AM
Date results received: 2/25/2025 & 2/26/2025

Ground Floor: (38 wipes, 2 blanks)

Sample	Room Equivalent/Location	Surface	Result (µg/ft²)	Standard (µg/ft²)	Lead Dust Hazard?
1	Stair 5-G1	Floor	<5	≥ 10	no
2	Corr G-2	Floor	<5	≥ 10	no
3	Corr G-1	Floor	<5	≥ 10	no
4	Stair 2-G1	Floor	<5	≥ 10	no
6	Girls' Toilet 002	Sill	<45	≥ 100	no
7	Girls' Toilet 002	Floor	<5	≥ 10	no
8	**Girls' Toilet 002**	**Floor**	**15**	**≥ 10**	**yes**
9	Cafeteria 006	Floor	<5	≥ 10	no
10	Cafeteria 006	Sill	<45	≥ 100	no
11	Cafeteria 006	Floor	<5	≥ 10	no
12	Cafeteria 006	Sill	<45	≥ 100	no
13	Cafeteria 006A	Floor	<5	≥ 10	no
14	Cafeteria 006A	Sill	<45	≥ 100	no
15	Kitchen 006B	Floor	8.4	≥ 10	no
16	Kitchen 006B	Sill	<45	≥ 100	no
17	**Water Meter Rm 001D****	**Floor**	**110**	**≥ 10**	**yes**
18	**Oil Rm (Paint Rm) 001E****	**Floor**	**300**	**≥ 10**	**yes**
19	**Fan Rm 001C****	**Floor**	**16**	**≥ 10**	**yes**
20	Outside Engineer Office 007	Floor	<5	≥ 10	no
22	**001B (by door)**	**Floor**	**92**	**≥ 10**	**yes**
23	Room 001	Sill	<45	≥ 100	no
24	**Room 001**	**Floor**	**17**	**≥ 10**	**yes**

25	Room 001	Sill	<45	≥ 100	no
26	Room 001	Floor	<5	≥ 10	no
27	**Room 001 (closet)**	**Floor**	**440**	**≥ 10**	**yes**
28	Boys' Toilet 003	Floor	<5	≥ 10	no
29	Boys' Toilet 003	Sill	<45	≥ 100	no
30	Boys' Toilet 003	Floor	<5	≥ 10	no
31	Boys' Toilet 003	Sill	<45	≥ 100	no
32	005A	Floor	5.7	≥ 10	no
33	005A	Sill	<45	≥ 100	no
34	Teachers' Lunch Rm 005	Floor	<5	≥ 10	no
35	Teachers' Lunch Rm 005	Sill	<45	≥ 100	no
36	009 (along side D)	Sill	<45	≥ 100	no
37	009 (top surface of Cabinet)		300*		
38	009 (carpet side A)	Floor	<5	≥ 10	no
39	009 (by entrance door)	Floor	<5	≥ 10	no
40	Outside Boiler Rm by door	Floor	5.7	≥ 10	no
5	Quality Control	Blank	<5	≥ 5	pass
21	Quality Control	Blank	<5	≥ 5	pass

*The results for bookshelves were not included in the mean average calculations as no standard exists for shelves.

** INDICATE AREAS NOT ACCESSIBLE TO CHILDREN (Rooms 001C, 001D, 001E)

Sill Average 44

Floor Average **42.8**

The mean average of 44 µg/ft² is applied to all windowsills, including those not tested. Since the average IS NOT equal to or greater than 100 µg/ft², the windowsills are not considered a dust lead hazard.

The mean average of 42.8 µg/ft² is applied to all floors including those not tested. Since the average IS equal to or greater than 10 µg/ft², ALL floors ARE considered a dust lead hazard.

First Floor: (57 wipes, 3 blanks)

Sample	Room Equivalent/Location	Surface	Result (µg/ft²)	Standard (µg/ft²)	Lead Dust Hazard?
1	Exit 5	Floor	<5	≥ 10	no
2	Exit 5	Sill	<45	≥ 100	no
3	Stair 5-F1	Floor	<5	≥ 10	no
4	014 Pass	Floor	<5	≥ 10	no
5	014B	Floor	<5	≥ 10	no
6	014	Floor	<5	≥ 10	no
7	014 Bookshelf		<45*		
8	014	Sill	<45	≥ 100	no
9	014A	Sill	<45	≥ 100	no
10	**014A**	**Floor**	**200**	**≥ 10**	**yes**
11	013 Pass	Floor	<5	≥ 10	no
12	**013A**	**Floor**	**10**	**≥ 10**	**yes**

13	013A	Sill	<45	≥ 100	no
14	**013**	**Floor**	**13**	**≥ 10**	**yes**
15	013 Bookshelf		<45*		
16	013	Sill	<45	≥ 100	no
17	015A	Floor	<5	≥ 10	no
18	015B	Floor	<5	≥ 10	no
19	015B	Sill	<45	≥ 100	no
21	Corr 1-2	Floor	<5	≥ 10	no
22	015	Floor	<5	≥ 10	no
23	015 Bookshelf		<45*		
24	015	Sill	<45	≥ 100	no
25	019	Floor	<5	≥ 10	no
26	016	Floor	<5	≥ 10	no
27	016 Bookshelf		<45*		
28	016	Sill	<45	≥ 100	no
29	**012**	**Floor**	**13**	**≥ 10**	**yes**
30	012 Bookshelf		<45*		
31	012	Sill	<45	≥ 100	no
32	016A	Floor	8.7	≥ 10	no
33	016A	Sill	<45	≥ 100	no
34	012A	Floor	<5	≥ 10	no
35	**Stair 1-F1**	**Floor**	**51**	**≥ 10**	**yes**
36	Exit 1	Floor	<5	≥ 10	no
37	Corr 1-1	Floor	<5	≥ 10	no
38	**010A**	**Floor**	**26**	**≥ 10**	**yes**
39	010A	Sill	<45	≥ 100	no
41	100	Floor	<5	≥ 10	no
42	105	Floor	<5	≥ 10	no
43	105	Sill	<45	≥ 100	no
44	101	Floor	<5	≥ 10	no
45	104	Floor	<5	≥ 10	no
46	104	Sill	<45	≥ 100	no
47	103**	Floor	<5	≥ 10	no
48	**103****	**Sill**	**76000****	**≥ 100**	**yes**
49	010	Floor	<5	≥ 10	no
50	010 Bookshelf		<45*		
51	010	Sill	<45	≥ 100	no
52	011	Floor	<5	≥ 10	no
53	011 Bookshelf		<45*		
54	011	Sill	<45	≥ 100	no
55	Stair 2-F1	Floor	<5	≥ 10	no
56	Exit 2	Floor	<5	≥ 10	no
57	Exit 2	Sill	<45	≥ 100	no
59	017	Floor	<5	≥ 10	no
60	**018**	**Floor**	**460**	**≥ 10**	**yes**
20	Quality Control	Blank	<5	≥ 5	pass
40	Quality Control	Blank	<5	≥ 5	pass

58	Quality Control	Blank	<5	≥ 5	pass

*The results for bookshelves were not included in the mean average calculations as no standard exists for shelves.

** INDICATE AREAS NOT ACCESSIBLE TO CHILDREN (Sample #48-Room 103)

Sill Average **4512**

Floor Average **26.7**

The mean average of 4512 µg/ft² is applied to all windowsills, including those not tested. Since the average IS equal to or greater than 100 µg/ft², ALL windowsills ARE considered a dust lead hazard.

The mean average of 26.7 µg/ft² is applied to all floors including those not tested. Since the average IS equal to or greater than 10 µg/ft², ALL floors ARE considered a dust lead hazard.

Second Floor: 37 wipes, 2 blanks

Sample	Room Equivalent/Location	Surface	Result (µg/ft²)	Standard (µg/ft²)	Lead Dust Hazard?
1	RM 024 floor	Floor	<5	≥ 10	no
2	RM 024 sill	Sill	<45	≥ 100	no
3	RM 023 floor	Floor	<5	≥ 10	no
4	RM 023 sill	Sill	<45	≥ 100	no
5	RM 023A floor	Floor	<5	≥ 10	no
6	RM 023A sill	Sill	<45	≥ 100	no
7	RM 024A floor	Floor	<5	≥ 10	no
8	RM 023 bookshelf		110*		
9	RM 025A floor	Floor	<5	≥ 10	no
10	RM 025 floor	Floor	<5	≥ 10	no
11	RM 025 sill	Sill	<45	≥ 100	no
12	RM 025A sill	Sill	<45	≥ 100	no
13	RM 026A floor	Floor	<5	≥ 10	no
14	RM 026 floor	Floor	<5	≥ 10	no
15	RM 026 sill	Sill	<45	≥ 100	no
16	RM 026 B floor	Floor	<5	≥ 10	no
17	RM 028 floor	Floor	<5	≥ 10	no
18	RM 028 floor	Sill	<45	≥ 100	no
20	**RM 028A (Toilet)**	**Floor**	**75**	**≥ 10**	**yes**
21	**RM 020B floor**	**Floor**	**19**	**≥ 10**	**yes**
22	RM 020A floor	Floor	5.2	≥ 10	no
23	RM 020A sill	Sill	<45	≥ 100	no
24	RM 020 floor	Floor	<5	≥ 10	no
25	RM 020 sill	Sill	<45	≥ 100	no
26	RM 020 bookshelf		<45*		
27	RM 021 floor	Floor	<5	≥ 10	no
28	RM 021 sill	Sill	<45	≥ 100	no
29	**RM 029A floor**	**Floor**	**98**	**≥ 10**	**yes**
30	RM 029 floor	Floor	8	≥ 10	no
31	RM 029 sill	Sill	<45	≥ 100	no

32	RM 022A floor	Floor	<5	≥ 10	no
33	RM 022A sill	Sill	<45	≥ 100	no
34	RM 022 floor	Floor	<5	≥ 10	no
35	RM 022 sill	Sill	<45	≥ 100	no
36	RM 022B floor	Floor	<5	≥ 10	no
37	Stairway side A	Floor	<5	≥ 10	no
38	Stairway side C	Floor	<5	≥ 10	no
19	Quality Control	Blank	<5	≥ 5	pass
39	Quality Control	Blank	<5	≥ 5	pass

*The results for bookshelves were not included in the mean average calculations as no standard exists for shelves.

Sill Average 44

Floor Average **12.4**

The mean average of 44 µg/ft² is applied to all windowsills, including those not tested. Since the average IS NOT equal to or greater than 100 µg/ft², the windowsills are not considered a dust lead hazard.

The mean average of 12.4 µg/ft² is applied to all floors including those not tested. Since the average IS equal to or greater than 10 µg/ft², ALL floors ARE considered a dust lead hazard.

Third Floor: 28 wipes, 2 blanks

Sample	Room Equivalent/Location	Surface	Result (µg/ft²)	Standard (µg/ft²)	Lead Dust Hazard?
1	Stair 5-F3 Landing	Floor	<5	≥ 10	no
2	Stair 5-F3 Sill	Sill	<45	≥ 100	no
3	Corr 3-2 Floor A	Floor	<5	≥ 10	no
4	Corr 3-2 Floor C	Floor	5.3	≥ 10	no
5	033	Floor	<5	≥ 10	no
6	**033 Under Radiator**	**Floor**	**11**	**≥ 10**	**yes**
7	033	Sill	<45	≥ 100	no
8	033 Shelf		<45*		
9	034 Center	Floor	<5	≥ 10	no
10	034 B	Floor	<5	≥ 10	no
11	034 Gym	Floor	<5	≥ 10	no
12	034 C	Floor	<5	≥ 10	no
13	Stair 2-F3 Lower Landing	Floor	<5	≥ 10	no
14	Stair 2-F3 Upper Landing	Floor	<5	≥ 10	no
15	Stair 2-F3	Sill	<45	≥ 100	no
16	030	Sill	<45	≥ 100	no
17	030 Radiator	Floor	<5	≥ 10	no
18	030 Center	Floor	<5	≥ 10	no
1	030 Shelf		<45*		
2	030 Rug	Floor	<5	≥ 10	no
3	031	Floor	<5	≥ 10	no
4	031	Sill	<45	≥ 100	no

5	Stage	Floor	<5	≥ 10	no
6	Stage	Floor	<5	≥ 10	no
8	032	Floor	<5	≥ 10	no
9	032	Sill	<45	≥ 100	no
10	032 Open Ceiling	Floor	<5	≥ 10	no
11	032	Floor	<5	≥ 10	no
19	Quality Control	Blank	<5	≥ 5	pass
7	Quality Control	Blank	<5	≥ 5	pass

*The results for bookshelves were not included in the mean average calculations as no standard exists for shelves.

Sill Average 44
Floor Average 4.4

The mean average of 44 µg/ft² is applied to all windowsills, including those not tested. Since the average IS NOT equal to or greater than 100 µg/ft², the windowsills are not considered a dust lead hazard.

The mean average of floors tested was 4.4 µg/ft², which is below the hazard threshold. However, the floor in room 33 was above the hazard threshold and the mean average does not apply to that surface. This surface, along with similar untested surfaces throughout the third floor, is considered a dust hazard and requires corrective measures.

6.3 Soil analysis results

The risk assessor visually assessed the exterior of the property for areas of bare soil. No bare soil was present on the date of the assessment, so no samples were collected for analysis.

6.4 Consumer products assessment

No consumer products or children's toys were sampled during this risk assessment.

6.5 Paint chip sampling results

Paint chip samples were not taken during this risk assessment.

APPENDIX A: XRF and Calibration Information

The risk assessors followed manufacturer's guidelines for calibration and operation of the XRF used to conduct this investigation. The assessor checked the instrument's calibration before and after the assessment using a known quantity of lead on test films supplied by the National Institute for Standards and Technology (NIST) and was found to be calibrated within the manufacturer's specifications.

Performance Characteristic Sheet

EFFECTIVE DATE: **February 1, 2022**

MANUFACTURER AND MODEL:

Make: ***SciAps***
Models: ***Model X-550***
X-Ray Source: ***Rhodium (Rh) or Gold (Au) Anode***

FIELD OPERATION GUIDANCE

ACTION LEVEL SETTING IN THE INSTRUMENT: 1.0 mg/cm²

NOTE: This PCS is not applicable at other Action Level settings; the Action Level setting of the instrument must be 1.0 mg/cm² to use this PCS.

OPERATING PARAMETERS:

Timed mode: fixed 10-second reading.

Quick mode: variable-time reading (approximately 2-6 seconds).

XRF CALIBRATION CHECK LIMITS:

0.8 to 1.2 mg/cm² (inclusive) on NIST SRM 2579 (1.02 mg/cm²)/NIST SRM 2573, or equivalent

SUBSTRATE CORRECTION:

Not applicable

INCONCLUSIVE RANGE OR THRESHOLD:

Au Anode (Timed or Quick), Rh Anode (Quick) READING DESCRIPTION	**SUBSTRATE**	**THRESHOLD (mg/cm²)**
Results not corrected for substrate bias on any substrate	Brick Concrete Drywall Metal Plaster Wood	0.7 0.7 0.7 0.7 0.7 0.7
Rh Anode (Timed) READING DESCRIPTION	**SUBSTRATE**	**INCONCLUSIVE RANGE (mg/cm²)**
Results not corrected for substrate bias on any substrate	Brick Concrete Drywall Metal Plaster Wood	(0.6-0.7) (0.6-0.7) (0.6-0.7) (0.6-0.7) (0.6-0.7) (0.6-0.7)

BACKGROUND INFORMATION

EVALUATION DATA SOURCE AND DATE:

This sheet is supplemental information to be used in conjunction with Chapter 7 of the HUD *Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing*, 2012 Edition ("HUD Guidelines"). Performance parameters shown on this sheet are calculated using test results on building components in the HUD archive. Testing was conducted on 146 test samples in February 2022, with two separate instruments of each Anode type, operated in both Timed and Quick modes.

OPERATING PARAMETERS

Performance parameters shown in this sheet are applicable only when properly operating the instrument using the manufacturer's instructions and procedures described in Chapter 7 of the HUD Guidelines.

XRF CALIBRATION CHECK:

The calibration of the XRF instrument should be checked using the paint film nearest 1.0 mg/cm² in the NIST Standard Reference Material (SRM) used (e.g., for NIST SRM 2579, use the 1.02 mg/cm² film; for NIST SRM 2579a, use film 2573 (1.04 mg/cm²).

If the average (rounded to 1 decimal place) of three readings is outside the acceptable calibration check range, follow the manufacturer's instructions to bring the instrument into control before XRF testing proceeds.

EVALUATING THE QUALITY OF XRF TESTING:

Randomly select ten testing combinations for retesting from each house or from two randomly selected units in multifamily housing.

Conduct XRF re-testing at the ten testing combinations selected for retesting.

Determine if the XRF testing in the units or house passed or failed the test by applying the steps below. Compute the Retest Tolerance Limit by the following steps:

Determine XRF results for the original and retest XRF readings. In single-family and multi-family housing, a result is defined as a single reading. Therefore, there will be ten original and ten retest XRF results for each house or for the two selected units.

Calculate the average of the original XRF result and the retest XRF result for each testing combination.

Square the average for each testing combination.

Add the ten squared averages together. Call this quantity C.

Multiply the number C by 0.0072. Call this quantity D.

Add the number 0.032 to D. Call this quantity E.

Take the square root of E. Call this quantity F.

Multiply F by 1.645. The result is the Retest Tolerance Limit.

Compute the average of all ten original XRF readings.

Compute the average of all ten re-test XRF readings.

Find the absolute difference of the two averages.

If the difference is less than the Retest Tolerance Limit, the inspection has passed the retest. If the difference of the overall averages equals or exceeds the Retest Tolerance Limit, this

procedure should be repeated with ten new testing combinations. If the difference of the overall averages is equal to or greater than the Retest Tolerance Limit a second time, then the inspection should be considered deficient.

Use of this procedure is estimated to produce a spurious result approximately 1% of the time. That is, results of this procedure will call for further examination when no examination is warranted in approximately 1 out of 100 dwelling units tested.

TESTING TIMES:

The reading time in Archive tests was 10 seconds in Timed mode and from 2-6 seconds in Quick mode, for both the Rh Anode and Au Anode.

CLASSIFICATION OF RESULTS:

XRF results for the Au Anode in Timed or Quick mode, and for the Rh Anode in Quick mode, are classified as **positive** if they are **greater than or equal** to 0.7 mg/cm² and ***negative*** if they are ***less than*** 0.7 mg/cm².

XRF results for the Rh Anode in Timed mode are classified as **positive** if they are **greater than or equal** to 0.7 mg/cm², ***negative*** if they are ***less than or equal*** to 0.6 mg/cm² and ***inconclusive*** if they are ***greater*** than 0.6 mg/cm² **AND** ***less than*** 0.7 mg/cm².

DOCUMENTATION:

A report titled *Methodology for XRF Performance Characteristic Sheets* (EPA 747-R-95-008) provides an explanation of the statistical methodology used to develop Performance Characteristic Sheets at the Federal standard (Action Level) of 1.0 mg/cm² and provides empirical results from using the recommended inconclusive ranges or thresholds for specific XRF instruments. The report may be downloaded at http://www2.epa.gov/lead/methodology-xrf-performance-characteristic-sheets-epa-747-r-95-008-september-1997. The methodology was subsequently generalized by QuanTech for application to other Action Levels.

Ground Floor:

XRF #1148

Pre-Investigation calibration readings

Reading #	Concentration	Units
1	0.98	mg/cm²
2	0.97	mg/cm²
3	0.99	mg/cm²
4	0.98	mg/cm²

Post-Investigation calibration readings

Reading #	Concentration	Units
23	0.91	mg/cm²
24	0.87	mg/cm²
25	0.99	mg/cm²

First Floor & Exterior:

XRF #1043

Pre-Investigation calibration readings

Reading #	Concentration	Units
1	1	mg/cm^2
2	0.9	mg/cm^2
3	0.9	mg/cm^2

Post-Investigation calibration readings

Reading #	Concentration	Units
16	0.9	mg/cm^2
17	0.9	mg/cm^2
18	0.8	mg/cm^2

Second Floor:

XRF #1045

Pre-Investigation calibration readings

Reading #	Concentration	Units
2	1.09	mg/cm^2
3	1.09	mg/cm^3
4	0.99	mg/cm^2
5	1.06	mg/cm^2

Post-Investigation calibration readings

Reading #	Concentration	Units
69	1.12	mg/cm^2
70	1.06	mg/cm^2
71	1.14	mg/cm^2
72	1.11	mg/cm^2

Third Floor:

XRF #1061

Pre-Investigation calibration readings

Reading #	Concentration	Units
1	1	mg/cm^2
2	1.1	mg/cm^2
3	1.1	mg/cm^2

Post-Investigation calibration readings

Reading #	Concentration	Units
79	1.1	mg/cm^2
80	1	mg/cm^2
81	1.1	mg/cm^2

APPENDIX B: Laboratory Analysis Report(s)

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Order ID : Z0220004
LRN : 0000325087
Auxiliary ID : 56976
Date Collected: 02/22/25
Date Received : 02/22/25

Requested by: [redacted]

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 BASE Prewipe Wipe Samples

Order 56976

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
COLLECTED 02/22/25 10:30 RECEIVED 02/22/25 12:13					
Sample 1					
Dust Wipe 1	*<5.0			ug/sq.ft.	02/25/25 13:37
Width	*12.00			in.	02/25/25 13:37
Length	*12.00			in.	02/25/25 13:37
Sample 2					
Dust Wipe 2	*92			ug/sq.ft.	02/25/25 13:37
Width	*12.00			in.	02/25/25 13:37
Length	*12.00			in.	02/25/25 13:37
Sample 3					
Dust Wipe 3	*<45			ug/sq.ft.	02/25/25 13:37
Width	*2.00			in.	02/25/25 13:37
Length	*8.00			in.	02/25/25 13:37
Sample 4					
Dust Wipe 4	*17			ug/sq.ft.	02/25/25 13:37
Width	*12.00			in.	02/25/25 13:37
Length	*12.00			in.	02/25/25 13:37

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220004
LRN : 0000325087
Auxiliary ID : 56976
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 BASE Prewipe Wipe Samples

Order 56976

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 5					
Dust Wipe 5	*<45			ug/sq.ft.	02/25/25 13:37
Width	*2.00			in.	02/25/25 13:37
Length	*8.00			in.	02/25/25 13:37
Sample 6					
Dust Wipe 6	*<5.0			ug/sq.ft.	02/25/25 13:37
Width	*12.00			in.	02/25/25 13:37
Length	*12.00			in.	02/25/25 13:37
Sample 7					
Dust Wipe 7	*440			ug/sq.ft.	02/25/25 13:37
Width	*12.00			in.	02/25/25 13:37
Length	*12.00			in.	02/25/25 13:37
Sample 8					
Dust Wipe 8	*<5.0			ug/sq.ft.	02/25/25 13:37
Width	*12.00			in.	02/25/25 13:37
Length	*12.00			in.	02/25/25 13:37
Sample 9					
Dust Wipe 9	*<45			ug/sq.ft.	02/25/25 13:37
Width	*2.00			in.	02/25/25 13:37
Length	*8.00			in.	02/25/25 13:37

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220004
LRN : 0000325087
Auxiliary ID : 56976
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 BASE Prewipe Wipe Samples

Order 56976

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 10					
Dust Wipe 10	*<5.0			ug/sq.ft.	02/25/25 13:37
Width	*12.00			in.	02/25/25 13:37
Length	*12.00			in.	02/25/25 13:37
Sample 11					
Dust Wipe 11	*<45			ug/sq.ft.	02/25/25 13:37
Width	*2.00			in.	02/25/25 13:37
Length	*8.00			in.	02/25/25 13:37
Sample 12					
Dust Wipe 12	*5.7			ug/sq.ft.	02/25/25 13:37
Width	*12.00			in.	02/25/25 13:37
Length	*12.00			in.	02/25/25 13:37
Sample 13					
Dust Wipe 13	*<45			ug/sq.ft.	02/25/25 13:37
Width	*2.00			in.	02/25/25 13:37
Length	*8.00			in.	02/25/25 13:37
Sample 14					
Dust Wipe 14	*<5.0			ug/sq.ft.	02/25/25 13:37
Width	*12.00			in.	02/25/25 13:37
Length	*12.00			in.	02/25/25 13:37

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220004
LRN : 0000325087
Auxiliary ID : 56976
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 BASE Prewipe Wipe Samples

Order 56976

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 15					
Dust Wipe 15	*<45			ug/sq.ft.	02/25/25 13:37
Width	*2.00			in.	02/25/25 13:37
Length	*8.00			in.	02/25/25 13:37
Sample 16					
Dust Wipe 16	*<45			ug/sq.ft.	02/25/25 13:37
Width	*2.00			in.	02/25/25 13:37
Length	*8.00			in.	02/25/25 13:37
Sample 17					
Dust Wipe 17	*300			ug/sq.ft.	02/25/25 13:37
Width	*2.00			in.	02/25/25 13:37
Length	*8.00			in.	02/25/25 13:37
Sample 18					
Dust Wipe 18	*<5.0			ug/sq.ft.	02/25/25 13:37
Width	*12.00			in.	02/25/25 13:37
Length	*12.00			in.	02/25/25 13:37
Sample 19					
Dust Wipe 19	*<5.0			ug/sq.ft.	02/25/25 13:37
Width	*12.00			in.	02/25/25 13:37
Length	*12.00			in.	02/25/25 13:37

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220004
LRN : 0000325087
Auxiliary ID : 56976
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 BASE Prewipe Wipe Samples

Order 56976

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 20					
Dust Wipe 20	*5.7			ug/sq.ft.	02/25/25 13:37
Width	*12.00			in.	02/25/25 13:37
Length	*12.00			in.	02/25/25 13:37
Test Method					
Test Method	*see below				02/22/25 12:24

Sample Preparation: Modified ASTM E1644 per PbSOP
Analytical Method: Modified EPA Method 7000B per PbSOP

Minimum Reporting Limit: 5.0 ug/sqft
Minimum Detection Limit: 2.5 ug/sqft

Sample results have not been corrected for field blank or analytical blank. Results related only to those samples tested. All sample area information is provided to the lab by the client unless otherwise stated.
QC results associated with these samples were acceptable unless otherwise noted.
Data reviewed and approved by the QA Coordinator/Technical Manager.
Accrediting body: AIHA-LAP, LLC; Lab ID #102186.

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

GROUND FLOOR / BASEMENT

City of Milwaukee Health Department

0056976

Lab No. _____

H-3044 Lead Dust Sample Collection and Results

Date 2-22-25

☐ HUD ☑ Base ☐ CDBG

inspector [redacted]

	Last Name	First Name	Phone
Owner's Name			
Contractor			

Street No.	Street Name	Apt. No.	City	Zip Code
1943	East Trowbridge		Milwaukee	53207

☑ Prewipe ☐ Clearance ☐ Interim ☐ Re-Wipe

Sample No.	Room Type	Sample Type	Substrate Type	Substrate Condition	Sample Area Meas.	Comments
1	9	A	4	2	12x12	BREAK Room Floor
2	9	A	4	2	12x12	001B Floor by door
3	9	B	4	2	2x8	001 window sill left side B
4	9	A	4	2	12x12	001 Floor under RT sink
5	9	B	4	2	2x8	001 window sill left side C
6	9	A	4	2	12x12	001 floor C side
7	9	A	4	2	12x12	001 Closet Floor
8	7	A	6	2	12x12	Boys Toilet 003 Floor
9	7	B	4	2	2x8	Boys Toilet 003
10	7	A	6	2	12x12	Boys Toilet 003 Floor
11	7	B	4	2	2x8	Boys Toilet 003
12	9	A	4	2	12x12	005A Floor [LAUNDRY]
13	9	B	4	2	2x8	005A sill
14	9	A	4	2	12x12	TEACHERS Lunch Rm Floor -005
15	9	B	4	2	2x8	TEACHERS Lunch Rm sill -005
16	9	B	4	2	2x8	009 sill side D
17	9	D	4	2	2x8	009 Cabinet Top Surface
18	9	A	2	2	12x12	009 carpet floor A
19	9	A	6	2	12x12	009 Floor by door
Codes: 20		A	4	2	12x12	OLASSINE Boiler Rm - Floor

Room Type: 1 = Living Rm. 2 = Kitchen ... om 6 = Family Rm. 7 = Bathroom 8 = Basement 9 = Other

Sample Type: A = Floor B = Interi ... = Other Time Collected 1050

Substrate Type: 1 = Vinyl 2 = Carpet

Substrate Condition: 1 = Deteriorated 2 =

Z0220004 --> URGENT
CP/E/TROWBRIDGEST, 1943
Mrn:0000325087 B#: 0000325087
Dob:
BASE:: LDUST

Date Reported 2-25-2025

Analyst [redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220006
LRN : 0000325087
Auxiliary ID : 56979
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 BASE Prewipe Wipe Samples

Order 56979

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
COLLECTED 02/22/25 09:00 RECEIVED 02/22/25 12:13					
Sample 1					
Dust Wipe 1	*<5.0			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49
Sample 2					
Dust Wipe 2	*<5.0			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49
Sample 3					
Dust Wipe 3	*<5.0			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49
Sample 4					
Dust Wipe 4	*<5.0			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220006
LRN : 0000325087
Auxiliary ID : 56979
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 BASE Prewipe Wipe Samples

Order 56979

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 5					
Dust Wipe 5	*<5.0			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49
Sample 6					
Dust Wipe 6	*<45			ug/sq.ft.	02/26/25 09:49
Width	*2.00			in.	02/26/25 09:49
Length	*8.00			in.	02/26/25 09:49
Sample 7					
Dust Wipe 7	*<5.0			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49
Sample 8					
Dust Wipe 8	*15			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49
Sample 9					
Dust Wipe 9	*<5.0			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220006
LRN : 0000325087
Auxiliary ID : 56979
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 BASE Prewipe Wipe Samples

Order 56979

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 10					
Dust Wipe 10	*<45			ug/sq.ft.	02/26/25 09:49
Width	*2.00			in.	02/26/25 09:49
Length	*8.00			in.	02/26/25 09:49
Sample 11					
Dust Wipe 11	*<5.0			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49
Sample 12					
Dust Wipe 12	*<45			ug/sq.ft.	02/26/25 09:49
Width	*2.00			in.	02/26/25 09:49
Length	*8.00			in.	02/26/25 09:49
Sample 13					
Dust Wipe 13	*<5.0			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49
Sample 14					
Dust Wipe 14	*<45			ug/sq.ft.	02/26/25 09:49
Width	*2.00			in.	02/26/25 09:49
Length	*8.00			in.	02/26/25 09:49

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by [redacted]

Order ID : Z0220006
LRN : 0000325087
Auxiliary ID : 56979
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 BASE Prewipe Wipe Samples

Order 56979

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 15					
Dust Wipe 15	*8.4			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49
Sample 16					
Dust Wipe 16	*<45			ug/sq.ft.	02/26/25 09:49
Width	*2.00			in.	02/26/25 09:49
Length	*8.00			in.	02/26/25 09:49
Sample 17					
Dust Wipe 17	*110			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49
Sample 18					
Dust Wipe 18	*300			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49
Sample 19					
Dust Wipe 19	*16			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220006
LRN : 0000325087
Auxiliary ID : 56979
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 BASE Prewipe Wipe Samples

Order 56979

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 20					
Dust Wipe 20	*<5.0			ug/sq.ft.	02/26/25 09:49
Width	*12.00			in.	02/26/25 09:49
Length	*12.00			in.	02/26/25 09:49
Test Method					
Test Method	*see below				02/22/25 12:33

Sample Preparation: Modified ASTM E1644 per PbSOP
Analytical Method: Modified EPA Method 7000B per PbSOP

Minimum Reporting Limit: 5.0 ug/sqft
Minimum Detection Limit: 2.5 ug/sqft

Sample results have not been corrected for field blank or analytical blank. Results related only to those samples tested. All sample area information is provided to the lab by the client unless otherwise stated.
QC results associated with these samples were acceptable unless otherwise noted.
Data reviewed and approved by the QA Coordinator/Technical Manager.
Accrediting body: AIHA-LAP, LLC; Lab ID #102186.

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

Ground Floor / Basement

City of Milwaukee Health Department

0056979

Lab No. _____

H-3044 Lead Dust Sample Collection and Results

Date 2/22/2025

inspector [redacted]

☐ HUD ☒ Base ☐ CDBG

	Last Name	First Name	Phone
Owner's Name			
Contractor			

Street No.	Street Name	Apt. No.	City	Zip Code
1943	East Trowbridge st.		Milwaukee	53207

☒ Prewipe ☐ Clearance ☐ Interim ☐ Re-Wipe

Z0220006 --> URGENT
CP/E/TROWBRIDGEST, 1943
Mrn: 0000325087 B#: 0000325087
BASE:: Dob:
LDUST

Sample No.	Room Type	Sample Type	Substrate Type	Substrate Condition	Sample Area Meas.	
1	4	A	4	2	12.12	STAIR 5-G1 FLOOR
2	9	A	4	2	12.12	CORE G-2 FLOOR
3	9	A	4	2	12.12	CORE G-1 FLOOR
4	4	A	4	2	12.12	STAIR 2-C1 FLOOR
5	9	A	4	2	12.12	OFFICE FLOOR
6	7	B	4	2	2.8	Girls Toilet 002 windowsill (2nd from RT)
7	7	A	6	2	12.12	Girls Toilet 002 Floor
8	7	A	6	2	12.12	Girls Toilet 002 Floor (drain)
9	9	A	4	2	12.12	Cafeteria 006 Floor (Cart cubby)
10	9	B	4	2	2.8	Cafeteria 006 windowsill ([redacted] 2nd left)
11	9	A	4	2	12.12	Cafeteria 006 Floor (ramp)
12	9	B	4	2	2.8	Cafeteria 006 windowsill (exit fan)
13	9	A	4	2	12.12	Cafeteria 006A Floor (by fridge)
14	9	B	4	2	2.8	Cafeteria 006A windowsill (center)
15	2	A	4	2	12.12	Kitchen Floor 006B
16	2	B	4	2	2.8	Kitchen windowsill (center) 006B
17	9	A	4	2	12.12	Water Meter Rm 001D Floor
18	9	A	4	2	12.12	Oil Rm 001E Floor by door [PAINT Rm]
19	9	A	4	2	12.12	FAN Rm 001C Floor (outside door)
20	9	A	4	2	12.12	OUTSIDE ENGINEER OFFICE 007 - Floor

Codes:
Room Type: 1 = Living Rm. 2 = Kitchen 3 = Dining Rm. 4 = Entry Hall 5 = Bedroom 6 = Family Rm. 7 = Bathroom 8 = Basement 9 = Other
Sample Type: A = Floor B = Interior Sill C = Exterior Sill D = Other
Substrate Type: 1 = Vinyl 2 = Carpet 3 = Wood 4 = Painted Surface 5 = Concrete 6 = Other
Substrate Condition: 1 = Deteriorated 2 = Moderate 3 = Excellent

Time Collected 9:00 am

Date Reported 2-25-2025

Analyst [redacted]

H-3044 R2/14 MHD Graphics

White: Requestor Yellow: Lab Pink: Office

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220007
LRN : 0000325087
Auxiliary ID : 56974
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56974

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
COLLECTED 02/22/25 09:30 RECEIVED 02/22/25 12:13					
Sample 1					
Dust Wipe 1	*<5.0			ug/sq.ft.	02/26/25 08:43
Width	*12.00			in.	02/26/25 08:43
Length	*12.00			in.	02/26/25 08:43
Sample 2					
Dust Wipe 2	*<45			ug/sq.ft.	02/26/25 08:43
Width	*2.00			in.	02/26/25 08:43
Length	*8.00			in.	02/26/25 08:43
Sample 3					
Dust Wipe 3	*<5.0			ug/sq.ft.	02/26/25 08:43
Width	*12.00			in.	02/26/25 08:43
Length	*12.00			in.	02/26/25 08:43
Sample 4					
Dust Wipe 4	*<5.0			ug/sq.ft.	02/26/25 08:43
Width	*12.00			in.	02/26/25 08:43
Length	*12.00			in.	02/26/25 08:43

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220007
LRN : 0000325087
Auxiliary ID : 56974
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56974

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 5					
Dust Wipe 5	*<5.0			ug/sq.ft.	02/26/25 08:43
Width	*12.00			in.	02/26/25 08:43
Length	*12.00			in.	02/26/25 08:43
Sample 6					
Dust Wipe 6	*<5.0			ug/sq.ft.	02/26/25 08:43
Width	*12.00			in.	02/26/25 08:43
Length	*12.00			in.	02/26/25 08:43
Sample 7					
Dust Wipe 7	*<45			ug/sq.ft.	02/26/25 08:43
Width	*2.00			in.	02/26/25 08:43
Length	*8.00			in.	02/26/25 08:43
Sample 8					
Dust Wipe 8	*<45			ug/sq.ft.	02/26/25 08:43
Width	*2.00			in.	02/26/25 08:43
Length	*8.00			in.	02/26/25 08:43
Sample 9					
Dust Wipe 9	*<45			ug/sq.ft.	02/26/25 08:43
Width	*2.00			in.	02/26/25 08:43
Length	*8.00			in.	02/26/25 08:43

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220007
LRN : 0000325087
Auxiliary ID : 56974
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56974

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 10					
Dust Wipe 10	*200			ug/sq.ft.	02/26/25 08:43
Width	*12.00			in.	02/26/25 08:43
Length	*12.00			in.	02/26/25 08:43
Sample 11					
Dust Wipe 11	*<5.0			ug/sq.ft.	02/26/25 08:43
Width	*12.00			in.	02/26/25 08:43
Length	*12.00			in.	02/26/25 08:43
Sample 12					
Dust Wipe 12	*10			ug/sq.ft.	02/26/25 08:43
Width	*12.00			in.	02/26/25 08:43
Length	*12.00			in.	02/26/25 08:43
Sample 13					
Dust Wipe 13	*<45			ug/sq.ft.	02/26/25 08:43
Width	*2.00			in.	02/26/25 08:43
Length	*8.00			in.	02/26/25 08:43
Sample 14					
Dust Wipe 14	*13			ug/sq.ft.	02/26/25 08:43
Width	*12.00			in.	02/26/25 08:43
Length	*12.00			in.	02/26/25 08:43

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220007
LRN : 0000325087
Auxiliary ID : 56974
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56974

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 15					
Dust Wipe 15	*<45			ug/sq.ft.	02/26/25 08:43
Width	*2.00			in.	02/26/25 08:43
Length	*8.00			in.	02/26/25 08:43
Sample 16					
Dust Wipe 16	*<45			ug/sq.ft.	02/26/25 08:43
Width	*2.00			in.	02/26/25 08:43
Length	*8.00			in.	02/26/25 08:43
Sample 17					
Dust Wipe 17	*<5.0			ug/sq.ft.	02/26/25 08:43
Width	*12.00			in.	02/26/25 08:43
Length	*12.00			in.	02/26/25 08:43
Sample 18					
Dust Wipe 18	*<5.0			ug/sq.ft.	02/26/25 08:43
Width	*12.00			in.	02/26/25 08:43
Length	*12.00			in.	02/26/25 08:43
Sample 19					
Dust Wipe 19	*<45			ug/sq.ft.	02/26/25 08:43
Width	*2.00			in.	02/26/25 08:43
Length	*8.00			in.	02/26/25 08:43

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220007
LRN : 0000325087
Auxiliary ID : 56974
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56974

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 20					
Dust Wipe 20	*<5.0			ug/sq.ft.	02/26/25 08:43
Width	*12.00			in.	02/26/25 08:43
Length	*12.00			in.	02/26/25 08:43
Test Method					
Test Method	*see below				02/22/25 12:34

Sample Preparation: Modified ASTM E1644 per PbSOP
Analytical Method: Modified EPA Method 7000B per PbSOP

Minimum Reporting Limit: 5.0 ug/sqft
Minimum Detection Limit: 2.5 ug/sqft

Sample results have not been corrected for field blank or analytical blank. Results related only to those samples tested. All sample area information is provided to the lab by the client unless otherwise stated.
QC results associated with these samples were acceptable unless otherwise noted.
Data reviewed and approved by the QA Coordinator/Technical Manager.
Accrediting body: AIHA-LAP, LLC; Lab ID #102186.

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

City of Milwaukee Health Department

0056974

Lab No. _____

H-3044 Lead Dust Sample Collection and Results

Date 02-22-25

☐ HUD ☑ Base ☐ CDBG

inspector [redacted]

	Last Name	First Name	Phone
Owner's Name			
Contractor			

Street No.	Street Name first floor	Apt. No.	City	Zip Code
1943	East Trowbridge St.		Milwaukee	53207

☑ Prewipe ☐ Clearance ☐ Interim ☐ Re-Wipe

Sample No.	Room Type	Sample Type	Substrate Type	Substrate Condition	Sample Area Meas.	Comments
1	9	A	3	2	12x12	EXIT 5 f1
2	9	B	4	2	2x8	EXIT 5 sill
3	9	A	3	2	12x12	Stair 5-F1 f1
4	9	A	3	2	12x12	014 Pass f1
5	9	A	3	2	12x12	014B f1
6	9	A	3	2	12x12	014 f1
7	9	B	4	2	2x8	014 bookshelf
8	9	B	4	2	2x8	014 sill
9	9	B	4	2	2x8	014A sill
10	9	A	6	2	12x12	014A f1
11	9	A	3	2	12x12	013 Pass f1
12	9	A	3	2	12x12	013A f1
13	9	B	4	2	2x8	013A sill
14	9	A	3	2	12x12	013 f1
15	9	B	4	2	2x8	013 bookshelf
16	9	B	4	2	2x8	013 sill
17	9	A	3	2	12x12	015A f1
18	9	A	3	2	12x12	015B f1
19	9	B	4	2	2x8	015B sill
20	1	A	2	2	12x12	1FO fishtank f1 taken @ 9:30.

Codes:

Room Type: 1 = Living Rm. 2 [illegible] droom 6 = Family Rm. 7 = Bathroom 8 = Basement 9 = Other

Sample Type: A = Floor B = Int

Substrate Type: 1 = Vinyl 2 = Car 6 = Other

Substrate Condition: 1 = Deteriorated

Z0220007 --> URGENT
CP/E/TROWBRIDGEST, 1943
Mrn:0000325087 B#: 0000325087
BASE:: Dob:
LDUST

Date Reported 2-25-2025

Analyst [redacted]

H-3044 R2/14 MHD Graphics

White: Requestor Yellow: Lab Pink: Office

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Order ID : Z0220013
LRN : 0000325087
Auxiliary ID : 56977
Date Collected: 02/22/25
Date Received : 02/22/25

Requested by: [redacted]

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56977

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
COLLECTED 02/22/25 10:00 RECEIVED 02/22/25 12:13					
Sample 1					
Dust Wipe 1	*<5.0			ug/sq.ft.	02/25/25 09:09
#21 on requisition sheet; all subsequent samples also re-numbered					
Width	*12.00			in.	02/25/25 09:09
Length	*12.00			in.	02/25/25 09:09
Sample 2					
Dust Wipe 2	*<5.0			ug/sq.ft.	02/25/25 09:09
Width	*12.00			in.	02/25/25 09:09
Length	*12.00			in.	02/25/25 09:09
Sample 3					
Dust Wipe 3	*<45			ug/sq.ft.	02/25/25 09:09
Width	*2.00			in.	02/25/25 09:09
Length	*8.00			in.	02/25/25 09:09
Sample 4					
Dust Wipe 4	*<45			ug/sq.ft.	02/25/25 09:09
Width	*2.00			in.	02/25/25 09:09
Length	*8.00			in.	02/25/25 09:09

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Order ID : Z0220013
LRN : 0000325087
Auxiliary ID : 56977
Date Collected: 02/22/25
Date Received : 02/22/25

Requested by: [redacted]

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56977

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 5					
Dust Wipe 5	*<5.0			ug/sq.ft.	02/25/25 09:09
Width	*12.00			in.	02/25/25 09:09
Length	*12.00			in.	02/25/25 09:09
Sample 6					
Dust Wipe 6	*<5.0			ug/sq.ft.	02/25/25 09:09
Width	*12.00			in.	02/25/25 09:09
Length	*12.00			in.	02/25/25 09:09
Sample 7					
Dust Wipe 7	*<45			ug/sq.ft.	02/25/25 09:09
Width	*2.00			in.	02/25/25 09:09
Length	*8.00			in.	02/25/25 09:09
Sample 8					
Dust Wipe 8	*<45			ug/sq.ft.	02/25/25 09:09
Width	*2.00			in.	02/25/25 09:09
Length	*8.00			in.	02/25/25 09:09
Sample 9					
Dust Wipe 9	*13			ug/sq.ft.	02/25/25 09:09
Width	*12.00			in.	02/25/25 09:09
Length	*12.00			in.	02/25/25 09:09

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220013
LRN : 0000325087
Auxiliary ID : 56977
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56977

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 10					
Dust Wipe 10	*<45			ug/sq.ft.	02/25/25 09:09
Width	*2.00			in.	02/25/25 09:09
Length	*8.00			in.	02/25/25 09:09
Sample 11					
Dust Wipe 11	*<45			ug/sq.ft.	02/25/25 09:09
Width	*2.00			in.	02/25/25 09:09
Length	*8.00			in.	02/25/25 09:09
Sample 12					
Dust Wipe 12	*8.7			ug/sq.ft.	02/25/25 09:09
Width	*12.00			in.	02/25/25 09:09
Length	*12.00			in.	02/25/25 09:09
Sample 13					
Dust Wipe 13	*<45			ug/sq.ft.	02/25/25 09:09
Width	*2.00			in.	02/25/25 09:09
Length	*8.00			in.	02/25/25 09:09
Sample 14					
Dust Wipe 14	*<5.0			ug/sq.ft.	02/25/25 09:09
Width	*12.00			in.	02/25/25 09:09
Length	*12.00			in.	02/25/25 09:09

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220013
LRN : 0000325087
Auxiliary ID : 56977
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56977

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 15					
Dust Wipe 15	*51			ug/sq.ft.	02/25/25 09:09
Width	*12.00			in.	02/25/25 09:09
Length	*12.00			in.	02/25/25 09:09
Sample 16					
Dust Wipe 16	*<5.0			ug/sq.ft.	02/25/25 09:09
Width	*12.00			in.	02/25/25 09:09
Length	*12.00			in.	02/25/25 09:09
Sample 17					
Dust Wipe 17	*<5.0			ug/sq.ft.	02/25/25 09:09
Width	*12.00			in.	02/25/25 09:09
Length	*12.00			in.	02/25/25 09:09
Sample 18					
Dust Wipe 18	*26			ug/sq.ft.	02/25/25 09:09
Width	*12.00			in.	02/25/25 09:09
Length	*12.00			in.	02/25/25 09:09
Sample 19					
Dust Wipe 19	*<45			ug/sq.ft.	02/25/25 09:09
Width	*2.00			in.	02/25/25 09:09
Length	*8.00			in.	02/25/25 09:09

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220013
LRN : 0000325087
Auxiliary ID : 56977
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56977

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 20					
Dust Wipe 20	*<5.0			ug/sq.ft.	02/25/25 09:09
Width	*12.00			in.	02/25/25 09:09
Length	*12.00			in.	02/25/25 09:09
Test Method					
Test Method	*see below				02/22/25 12:57

Sample Preparation: Modified ASTM E1644 per PbSOP
Analytical Method: Modified EPA Method 7000B per PbSOP

Minimum Reporting Limit: 5.0 ug/sqft
Minimum Detection Limit: 2.5 ug/sqft

Sample results have not been corrected for field blank or analytical blank. Results related only to those samples tested. All sample area information is provided to the lab by the client unless otherwise stated.
QC results associated with these samples were acceptable unless otherwise noted.
Data reviewed and approved by the QA Coordinator/Technical Manager.
Accrediting body: AIHA-LAP, LLC; Lab ID #102186.

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

City of Milwaukee Health Department

0056977

Lab No. _____

H-3044 Lead Dust Sample Collection and Results

Date 2/22/25

inspector [redacted]

☐ HUD ☒ Base ☐ CDBG

	Last Name	First Name	Phone
Owner's Name			
Contractor			

Street No.	Street Name	Apt. No.	City	Zip Code
1943	East Trowbridge st. first floor		Milwaukee	53207

☒ Prewipe ☐ Clearance ☐ Interim ☐ Re-Wipe

#1-20 -JDE 2-24

Sample No.	Room Type	Sample Type	Substrate Type	Substrate Condition	Sample Area Meas.	Comments
21	9	A	3	2	12x12	Corr 1-2 f1
22	9	A	3	2	12x12	015 f1
23	9	B	4	2	2x8	015 bookshelf
24	9	B	4	2	2x8	015 sill
25	9	A	3	2	12x12	019 f1
26	9	A	3	2	12x12	016 f1
27	9	B	4	2	2x8	016 bookshelf
28	9	B	4	2	2x8	016 sill
29	9	A	3	2	12x12	012 f1
30	9	B	4	2	2x8	012 bookshelf
31	9	B	4	2	2x8	012 sill
32	9	A	3	2	12x12	016A f1
33	9	B	4	2	2x8	016A sill
34	9	A	3	2	12x12	012A f1
35	9	A	3	2	12x12	Stair 1-f1 f1
36	9	A	6	2	12x12	EXIT 1 f1
37	9	A	3	2	12x12	Corr 1-1 f1
38	9	A	3	2	12x12	010A f1
39	9	B	4	2	2x8	010A sill
HD	9	A	1	1	12x12	IFO desk f1

Codes:

Room Type: 1 = Living Rm. 2 [illegible] 6 = Family Rm. 7 = Bathroom 8 = Basement 9 = Other

Sample Type: A = Floor B = Int[illegible]

Substrate Type: 1 = Vinyl 2 = Carp[illegible]

Substrate Condition: 1 = Deteriorated 2[illegible]

Z0220013 --> URGENT
CP/E/TROWBRIDGEST, 1943
Mrn: 0000325087 B#: 0000325087
BASE:: LDUST Dob:

6 = Other taken @ 10:00a

Date Reported 2-24-2025

Analyst [redacted]

H-3044 R2/14 MHD Graphics

White: Requestor **Yellow:** Lab **Pink:** Office

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220011
LRN : 0000325087
Auxiliary ID : 56744
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56774

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
COLLECTED 02/22/25 09:30 RECEIVED 02/22/25 12:13					
Sample 1					
Dust Wipe 1	*<5.0			ug/sq.ft.	02/25/25 11:23
corresponds to #41 on the requisition form; subsequent samples similarly r					
Width	*12.00			in.	02/25/25 11:20
Length	*12.00			in.	02/25/25 11:23
Sample 2					
Dust Wipe 2	*<5.0			ug/sq.ft.	02/25/25 11:23
Width	*12.00			in.	02/25/25 11:23
Length	*12.00			in.	02/25/25 11:23
Sample 3					
Dust Wipe 3	*<45			ug/sq.ft.	02/25/25 11:23
Width	*2.00			in.	02/25/25 11:23
Length	*8.00			in.	02/25/25 11:23
Sample 4					
Dust Wipe 4	*<5.0			ug/sq.ft.	02/25/25 11:23
Width	*12.00			in.	02/25/25 11:23
Length	*12.00			in.	02/25/25 11:23

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220011
LRN : 0000325087
Auxiliary ID : 56744
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56774

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 5					
Dust Wipe 5	*<5.0			ug/sq.ft.	02/25/25 11:23
Width	*12.00			in.	02/25/25 11:23
Length	*12.00			in.	02/25/25 11:23
Sample 6					
Dust Wipe 6	*<45			ug/sq.ft.	02/25/25 11:23
Width	*2.00			in.	02/25/25 11:23
Length	*8.00			in.	02/25/25 11:23
Sample 7					
Dust Wipe 7	*<5.0			ug/sq.ft.	02/25/25 11:23
Width	*12.00			in.	02/25/25 11:23
Length	*12.00			in.	02/25/25 11:23
Sample 8					
Dust Wipe 8	*7.6E4			ug/sq.ft.	02/25/25 11:23
Width	*2.00			in.	02/25/25 11:23
Length	*8.00			in.	02/25/25 11:23
Sample 9					
Dust Wipe 9	*<5.0			ug/sq.ft.	02/25/25 11:23
Width	*12.00			in.	02/25/25 11:23
Length	*12.00			in.	02/25/25 11:23

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220011
LRN : 0000325087
Auxiliary ID : 56744
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56774

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 10					
Dust Wipe 10	*<45			ug/sq.ft.	02/25/25 11:23
Width	*2.00			in.	02/25/25 11:23
Length	*8.00			in.	02/25/25 11:23
Sample 11					
Dust Wipe 11	*<45			ug/sq.ft.	02/25/25 11:23
Width	*2.00			in.	02/25/25 11:23
Length	*8.00			in.	02/25/25 11:23
Sample 12					
Dust Wipe 12	*<5.0			ug/sq.ft.	02/25/25 11:23
Width	*12.00			in.	02/25/25 11:23
Length	*12.00			in.	02/25/25 11:23
Sample 13					
Dust Wipe 13	*<45			ug/sq.ft.	02/25/25 11:23
Width	*2.00			in.	02/25/25 11:23
Length	*8.00			in.	02/25/25 11:23
Sample 14					
Dust Wipe 14	*<45			ug/sq.ft.	02/25/25 11:23
Width	*2.00			in.	02/25/25 11:23
Length	*8.00			in.	02/25/25 11:23

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Order ID : Z0220011
LRN : 0000325087
Auxiliary ID : 56744
Date Collected: 02/22/25
Date Received : 02/22/25

Requested by: [redacted]

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56774

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 15					
Dust Wipe 15	*<5.0			ug/sq.ft.	02/25/25 11:23
Width	*12.00			in.	02/25/25 11:23
Length	*12.00			in.	02/25/25 11:23
Sample 16					
Dust Wipe 16	*<5.0			ug/sq.ft.	02/25/25 11:23
Width	*12.00			in.	02/25/25 11:23
Length	*12.00			in.	02/25/25 11:23
Sample 17					
Dust Wipe 17	*<45			ug/sq.ft.	02/25/25 11:23
Width	*2.00			in.	02/25/25 11:23
Length	*8.00			in.	02/25/25 11:23
Sample 18					
Dust Wipe 18	*<5.0			ug/sq.ft.	02/25/25 11:23
Width	*12.00			in.	02/25/25 11:23
Length	*12.00			in.	02/25/25 11:23
Sample 19					
Dust Wipe 19	*460			ug/sq.ft.	02/25/25 11:23
Width	*12.00			in.	02/25/25 11:23
Length	*12.00			in.	02/25/25 11:23

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Order ID : Z0220011
LRN : 0000325087
Auxiliary ID : 56744
Date Collected: 02/22/25
Date Received : 02/22/25

Requested by: [redacted]

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56774

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 20					
Dust Wipe 20	*60			ug/sq.ft.	02/25/25 11:23
Width	*12.00			in.	02/25/25 11:23
Length	*12.00			in.	02/25/25 11:23
Test Method					
Test Method	*see below				02/22/25 12:39

Sample Preparation: Modified ASTM E1644 per PbSOP
Analytical Method: Modified EPA Method 7000B per PbSOP

Minimum Reporting Limit: 5.0 ug/sqft
Minimum Detection Limit: 2.5 ug/sqft

Sample results have not been corrected for field blank or analytical blank. Results related only to those samples tested. All sample area information is provided to the lab by the client unless otherwise stated.
QC results associated with these samples were acceptable unless otherwise noted.
Data reviewed and approved by the QA Coordinator/Technical Manager.
Accrediting body: AIHA-LAP, LLC; Lab ID #102186.

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

City of Milwaukee Health Department

0056744

Lab No. _____

H-3044 Lead Dust Sample Collection and Results

Date 2/22/25

☐ HUD ☒ Base ☐ CDBG

inspector [redacted]

	Last Name	First Name	Phone
Owner's Name			
Contractor			

Street No.	Street Name	Apt. No.	City	Zip Code
1943	E. Trowbridge St first floor		Mil.	

☒ Prewipe ☐ Clearance ☐ Interim ☐ Re-Wipe

#1-20 JDC 2-24-25

Sample No.	Room Type	Sample Type	Substrate Type	Substrate Condition	Sample Area Meas.	Comments
41	9	A	2	2	12x12	100 fl
42	9	A	2	2	12x12	105 fl
43	9	B	4	2	2x8	105 sill
44	9	A	2	2	12x12	101 fl
45	9	A	2	2	12x12	104 fl
46	9	B	4	2	2x8	104 sill
47	9	A	6	2	12x12	103 fl
48	9	B	4	2	2x8	103 sill
49	9	A	3	2	12x12	010 fl
50	9	B	4	2	2x8	010 bookshelf
51	9	B	4	2	2x8	010 sill
52	9	A	3	2	12x12	011 fl
53	9	B	4	2	2x8	011 bookshelf
54	9	B	4	2	2x8	011 sill
55	9	A	6	2	12x12	Stair 2 - fl
56	9	A	6	2	12x12	Exit 2 fl
57	9	B	4	2	2x8	Exit 2 sill
58	9	A	1	2	12x12	kitchen fl
59	9	A	3	2	12x12	017 fl
60	9	A	3	2	12x12	018 fl

taken @ 9:30am

Codes:

Room Type: 1 = Living Rm. 2 = ... room 6 = Family Rm. 7 = Bathroom 8 = Basement 9 = Other

Sample Type: A = Floor B = Inte...

Substrate Type: 1 = Vinyl 2 = Carp...

Substrate Condition: 1 = Deteriorated 2 ... 5 = Other

Z0220011 --> URGENT
CP/E/TROWBRIDGEST, 1943
Mrn:0000325087 B#: 0000325087
BASE:: Dob:
LDUST

Date Reported 2-25-2025

Analyst [redacted]

H-3044 R2/14 MHD Graphics

White: Requestor Yellow: Lab Pink: Office

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220010
LRN : 0000325087
Auxiliary ID : 56980
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56980

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
COLLECTED 02/22/25 08:30 RECEIVED 02/22/25 12:13					
Sample 1					
Dust Wipe 1	*75			ug/sq.ft.	02/25/25 09:04
Width	*12.00			in.	02/25/25 09:04
Length	*12.00			in.	02/25/25 09:04
Sample 2					
Dust Wipe 2	*19			ug/sq.ft.	02/25/25 09:04
Width	*12.00			in.	02/25/25 09:04
Length	*12.00			in.	02/25/25 09:04
Sample 3					
Dust Wipe 3	*5.2			ug/sq.ft.	02/25/25 09:04
Width	*12.00			in.	02/25/25 09:04
Length	*12.00			in.	02/25/25 09:04
Sample 4					
Dust Wipe 4	*<45			ug/sq.ft.	02/25/25 09:04
Width	*2.00			in.	02/25/25 09:04
Length	*8.00			in.	02/25/25 09:04

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220010
LRN : 0000325087
Auxiliary ID : 56980
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56980

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 5					
Dust Wipe 5	*<5.0			ug/sq.ft.	02/25/25 09:04
Width	*12.00			in.	02/25/25 09:04
Length	*12.00			in.	02/25/25 09:04
Sample 6					
Dust Wipe 6	*<45			ug/sq.ft.	02/25/25 09:04
Width	*2.00			in.	02/25/25 09:04
Length	*8.00			in.	02/25/25 09:04
Sample 7					
Dust Wipe 7	*<45			ug/sq.ft.	02/25/25 09:04
Width	*2.00			in.	02/25/25 09:04
Length	*8.00			in.	02/25/25 09:04
Sample 8					
Dust Wipe 8	*<5.0			ug/sq.ft.	02/25/25 09:04
Width	*12.00			in.	02/25/25 09:04
Length	*12.00			in.	02/25/25 09:04
Sample 9					
Dust Wipe 9	*<45			ug/sq.ft.	02/25/25 09:04
Width	*2.00			in.	02/25/25 09:04
Length	*8.00			in.	02/25/25 09:04

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220010
LRN : 0000325087
Auxiliary ID : 56980
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56980

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 10					
Dust Wipe 10	*98			ug/sq.ft.	02/25/25 09:04
Width	*12.00			in.	02/25/25 09:04
Length	*12.00			in.	02/25/25 09:04
Sample 11					
Dust Wipe 11	*8.0			ug/sq.ft.	02/25/25 09:04
Width	*12.00			in.	02/25/25 09:04
Length	*12.00			in.	02/25/25 09:04
Sample 12					
Dust Wipe 12	*<45			ug/sq.ft.	02/25/25 09:04
Width	*2.00			in.	02/25/25 09:04
Length	*8.00			in.	02/25/25 09:04
Sample 13					
Dust Wipe 13	*<5.0			ug/sq.ft.	02/25/25 09:04
Width	*12.00			in.	02/25/25 09:04
Length	*12.00			in.	02/25/25 09:04
Sample 14					
Dust Wipe 14	*<45			ug/sq.ft.	02/25/25 09:04
Width	*2.00			in.	02/25/25 09:04
Length	*8.00			in.	02/25/25 09:04

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220010
LRN : 0000325087
Auxiliary ID : 56980
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56980

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 15					
Dust Wipe 15	*<5.0			ug/sq.ft.	02/25/25 09:04
Width	*12.00			in.	02/25/25 09:04
Length	*12.00			in.	02/25/25 09:04
Sample 16					
Dust Wipe 16	*<45			ug/sq.ft.	02/25/25 09:04
Width	*2.00			in.	02/25/25 09:04
Length	*8.00			in.	02/25/25 09:04
Sample 17					
Dust Wipe 17	*<5.0			ug/sq.ft.	02/25/25 09:04
Width	*12.00			in.	02/25/25 09:04
Length	*12.00			in.	02/25/25 09:04
Sample 18					
Dust Wipe 18	*<5.0			ug/sq.ft.	02/25/25 09:04
Width	*12.00			in.	02/25/25 09:04
Length	*12.00			in.	02/25/25 09:04
Sample 19					
Dust Wipe 19	*<5.0			ug/sq.ft.	02/25/25 09:04
Width	*12.00			in.	02/25/25 09:04
Length	*12.00			in.	02/25/25 09:04

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Order ID : Z0220010
LRN : 0000325087
Auxiliary ID : 56980
Date Collected: 02/22/25
Date Received : 02/22/25

Requested by: [redacted]

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 20 Prewipe BASE Wipe Samples

Order 56980

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 20					
Dust Wipe 20	*<5.0			ug/sq.ft.	02/25/25 09:04
Width	*12.00			in.	02/25/25 09:04
Length	*12.00			in.	02/25/25 09:04
Test Method					
Test Method	*see below				02/22/25 12:38

Sample Preparation: Modified ASTM E1644 per PbSOP
Analytical Method: Modified EPA Method 7000B per PbSOP

Minimum Reporting Limit: 5.0 ug/sqft
Minimum Detection Limit: 2.5 ug/sqft

Sample results have not been corrected for field blank or analytical blank. Results related only to those samples tested. All sample area information is provided to the lab by the client unless otherwise stated.
QC results associated with these samples were acceptable unless otherwise noted.
Data reviewed and approved by the QA Coordinator/Technical Manager.
Accrediting body: AIHA-LAP, LLC; Lab ID #102186.

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

City of Milwaukee Health Department

0056980

H-3044 Lead Dust Sample Collection and Results

Lab No. _____

Date 02/22/25

☐ HUD ☒ Base ☐ CDBG

inspector [redacted]

	Last Name	First Name	Phone
Owner's Name			
Contractor			

Street No.	Street Name	Apt. No.	City	Zip Code
1943	East Trowbridge st.		Milwaukee	53207

☒ Prewipe ☐ Clearance ☐ Interim ☐ Re-Wipe

Sample No.	Room Type	Sample Type	Substrate Type	Substrate Condition	Sample Area Meas.	Comments
1	7	A	1	2	12x12	RM 028A (Toilet)
2	9	A	3	2	12x12	RM 020B floor
3	9	A	3	2	12x12	RM 020 A floor
4	9	B	3	2	2x9	RM 020 A sill
5	9	A	3	2	12x12	RM 020 floor
6	9	B	3	2	2x8	RM 020 sill
7	9	B	3	2	2x8	RM 020 bookshelf
8	9	A	2	2	12x12	RM 021 floor
9	9	B	3	2	2x8	RM 021 sill
10	9	A	3	2	12x12	RM 029A floor
11	9	A	3	2	12x12	RM 029 floor
12	9	B	3	2	2x8	RM 029 sill
13	9	A	3	2	12x12	RM 022A floor
14	9	B	3	2	2x8	RM 022A sill
15	9	A	2	2	12x12	RM 022 floor
16	9	B	3	2	2x8	RM 022 sill
17	9	A	5	2	12x12	RM 022B floor
18	9	A	3	2	12x12	Stairway Hallway side A (Stairway
19	9	A	3	2	12x12	Stairway side C
Codes:	9	A	1	2	12x12	Under Stairway

20

Room Type: 1 = Living Rm. 2 = Bedroom 6 = Family Rm. 7 = Bathroom 8 = Basement 9 = Other

Sample Type: A = Floor B =

Substrate Type: 1 = Vinyl 2 = ete 6 = Other

Substrate Condition: 1 = Deteriorate

Z0220010 --> URGENT
CP/E/TROWBRIDGEST, 1943
Mrn:0000325087 B#: 0000325087
BASE:: Dob:
LDUST

Taken @ 8:30am

Date Reported 2-24-2025

Analyst [redacted]

H-3044 R2/14 MHD Graphics

White: Requestor Yellow: Lab Pink: Office

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220009
LRN : 0000325087
Auxiliary ID : 56981
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 19 Prewipe BASE Wipe Samples

Order 56981

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
COLLECTED 02/22/25 08:30 RECEIVED 02/22/25 12:13					
Sample 1					
Dust Wipe 1	*<5.0			ug/sq.ft.	02/26/25 09:02
Width	*12.00			in.	02/26/25 09:02
Length	*12.00			in.	02/26/25 09:02
Sample 2					
Dust Wipe 2	*<45			ug/sq.ft.	02/26/25 09:02
Width	*2.00			in.	02/26/25 09:02
Length	*8.00			in.	02/26/25 09:02
Sample 3					
Dust Wipe 3	*<5.0			ug/sq.ft.	02/26/25 09:02
Width	*12.00			in.	02/26/25 09:02
Length	*12.00			in.	02/26/25 09:02
Sample 4					
Dust Wipe 4	*<45			ug/sq.ft.	02/26/25 09:02
Width	*2.00			in.	02/26/25 09:02
Length	*8.00			in.	02/26/25 09:02

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220009
LRN : 0000325087
Auxiliary ID : 56981
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 19 Prewipe BASE Wipe Samples

Order 56981

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 5					
Dust Wipe 5	*<5.0			ug/sq.ft.	02/26/25 09:02
Width	*12.00			in.	02/26/25 09:02
Length	*12.00			in.	02/26/25 09:02
Sample 6					
Dust Wipe 6	*<45			ug/sq.ft.	02/26/25 09:02
Width	*2.00			in.	02/26/25 09:02
Length	*8.00			in.	02/26/25 09:02
Sample 7					
Dust Wipe 7	*<5.0			ug/sq.ft.	02/26/25 09:02
Width	*12.00			in.	02/26/25 09:02
Length	*12.00			in.	02/26/25 09:02
Sample 8					
Dust Wipe 8	*110			ug/sq.ft.	02/26/25 09:02
Width	*2.00			in.	02/26/25 09:02
Length	*8.00			in.	02/26/25 09:02
Sample 9					
Dust Wipe 9	*<5.0			ug/sq.ft.	02/26/25 09:02
Width	*12.00			in.	02/26/25 09:02
Length	*12.00			in.	02/26/25 09:02

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220009
LRN : 0000325087
Auxiliary ID : 56981
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 19 Prewipe BASE Wipe Samples

Order 56981

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 10					
Dust Wipe 10	*<5.0			ug/sq.ft.	02/26/25 09:02
Width	*12.00			in.	02/26/25 09:02
Length	*12.00			in.	02/26/25 09:02
Sample 11					
Dust Wipe 11	*<45			ug/sq.ft.	02/26/25 09:02
Width	*2.00			in.	02/26/25 09:02
Length	*8.00			in.	02/26/25 09:02
Sample 12					
Dust Wipe 12	*<45			ug/sq.ft.	02/26/25 09:02
Width	*2.00			in.	02/26/25 09:02
Length	*8.00			in.	02/26/25 09:02
Sample 13					
Dust Wipe 13	*<5.0			ug/sq.ft.	02/26/25 09:02
Width	*12.00			in.	02/26/25 09:02
Length	*12.00			in.	02/26/25 09:02
Sample 14					
Dust Wipe 14	*<5.0			ug/sq.ft.	02/26/25 09:02
Width	*12.00			in.	02/26/25 09:02
Length	*12.00			in.	02/26/25 09:02

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220009
LRN : 0000325087
Auxiliary ID : 56981
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 19 Prewipe BASE Wipe Samples

Order 56981

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 15					
Dust Wipe 15	*<45			ug/sq.ft.	02/26/25 09:02
Width	*2.00			in.	02/26/25 09:02
Length	*8.00			in.	02/26/25 09:02
Sample 16					
Dust Wipe 16	*<5.0			ug/sq.ft.	02/26/25 09:02
Width	*12.00			in.	02/26/25 09:02
Length	*12.00			in.	02/26/25 09:02
Sample 17					
Dust Wipe 17	*<5.0			ug/sq.ft.	02/26/25 09:02
Width	*12.00			in.	02/26/25 09:02
Length	*12.00			in.	02/26/25 09:02
Sample 18					
Dust Wipe 18	*<45			ug/sq.ft.	02/26/25 09:02
Width	*2.00			in.	02/26/25 09:02
Length	*8.00			in.	02/26/25 09:02
Sample 19					
Dust Wipe 19	*<5.0			ug/sq.ft.	02/26/25 09:02
Width	*12.00			in.	02/26/25 09:02
Length	*12.00			in.	02/26/25 09:02

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220009
LRN : 0000325087
Auxiliary ID : 56981
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 19 Prewipe BASE Wipe Samples

Order 56981

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Test Method					
Test Method	*see below				02/22/25 12:37

Sample Preparation: Modified ASTM E1644 per PbSOP
Analytical Method: Modified EPA Method 7000B per PbSOP

Minimum Reporting Limit: 5.0 ug/sqft
Minimum Detection Limit: 2.5 ug/sqft

Sample results have not been corrected for field blank or analytical blank. Results related only to those samples tested. All sample area information is provided to the lab by the client unless otherwise stated.
QC results associated with these samples were acceptable unless otherwise noted.
Data reviewed and approved by the QA Coordinator/Technical Manager.
Accrediting body: AIHA-LAP, LLC; Lab ID #102186.

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

City of Milwaukee Health Department

0056981

Lab No. _____

H-3044 Lead Dust Sample Collection and Results

Date 02/22/25

☐ HUD ☒ Base ☐ CDBG

inspect[redacted]

	Last Name	First Name	Phone
Owner's Name			
Contractor			

Street No.	Street Name	Apt. No.	City	Zip Code
1943	East. Trowbridge st.		Milwaukee	53207

☒ Prewipe ☐ Clearance ☐ Interim ☐ Re-Wipe

Sample No.	Room Type	Sample Type	Substrate Type	Substrate Condition	Sample Area Meas.	Comments
1	9	A	3	2	12x12	RM 024 floor
2	9	B	3	2	2x8	RM 024 sill
3	9	A	3	2	12x12	RM 023 floor
4	9	B	3	2	2x8	RM 023 sill
5	9	A	3	2	12x12	RM 023A floor
6	9	B	3	2	2x8	RM 023A sill
7	9	A	3	2	12x12	RM 024 A floor
8	9	B	3	2	2x8	RM 023 book shelf
9	9	A	3	2	12x12	RM 025 A floor
10	9	A	3	2	12x12	RM 025 floor
11	9	B	3	2	2x8	RM 025 sill
12	9	B	3	2	2x8	RM 025 A sill
13	9	A	3	2	12x12	RM 026A floor
14	9	A	3	2	12x12	RM 026 floor
15	9	B	3	2	2x8	RM 026 sill
16	9	A	3	2	12x12	RM 026 B floor
17	9	A	2	2	12x12	RM 028 floor
18	9	B	3	2	2x8	RM 028 sill
19	7	A	1	2	12x12	Family Bathroom

Codes:

Room Type: 1 = Living Rm. [illegible]edroom 6 = Family Rm. 7 = Bathroom 8 = Basement 9 = Other

Sample Type: A = Floor B = I

Substrate Type: 1 = Vinyl 2 = C

Substrate Condition: 1 = Deteriorated

e 6 = Other Taken @ 8:30am

Z0220009 --> URGENT
CP/E/TROWBRIDGEST, 1943
Mrn:0000325087 B#: 0000325087
BASE:: Dob:
LDUST

Date Reported 2-25-2025

Analyst [redacted]

H-3044 R2/14 MHD Graphics

White: Requestor Yellow: Lab Pink: Office

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220008
LRN : 0000325087
Auxiliary ID : 56978
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 11 Prewipe BASE Wipe Samples

Order 56978

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
COLLECTED 02/22/25 09:30 RECEIVED 02/22/25 12:13					
Sample 1					
Dust Wipe 1	*<45			ug/sq.ft.	02/26/25 08:44
Width	*2.00			in.	02/26/25 08:44
Length	*8.00			in.	02/26/25 08:44
Sample 2					
Dust Wipe 2	*<5.0			ug/sq.ft.	02/26/25 08:44
Width	*12.00			in.	02/26/25 08:44
Length	*12.00			in.	02/26/25 08:44
Sample 3					
Dust Wipe 3	*<5.0			ug/sq.ft.	02/26/25 08:44
Width	*12.00			in.	02/26/25 08:44
Length	*12.00			in.	02/26/25 08:44
Sample 4					
Dust Wipe 4	*<45			ug/sq.ft.	02/26/25 08:44
Width	*2.00			in.	02/26/25 08:44
Length	*8.00			in.	02/26/25 08:44

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

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Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Order ID : Z0220008
LRN : 0000325087
Auxiliary ID : 56978
Date Collected: 02/22/25
Date Received : 02/22/25

Requested by: [redacted]

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 11 Prewipe BASE Wipe Samples

Order 56978

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 5					
Dust Wipe 5	*<5.0			ug/sq.ft.	02/26/25 08:44
Width	*12.00			in.	02/26/25 08:44
Length	*12.00			in.	02/26/25 08:44
Sample 6					
Dust Wipe 6	*<5.0			ug/sq.ft.	02/26/25 08:44
Width	*12.00			in.	02/26/25 08:44
Length	*12.00			in.	02/26/25 08:44
Sample 7					
Dust Wipe 7	*<5.0			ug/sq.ft.	02/26/25 08:44
Width	*12.00			in.	02/26/25 08:44
Length	*12.00			in.	02/26/25 08:44
Sample 8					
Dust Wipe 8	*<5.0			ug/sq.ft.	02/26/25 08:44
Width	*12.00			in.	02/26/25 08:44
Length	*12.00			in.	02/26/25 08:44
Sample 9					
Dust Wipe 9	*<45			ug/sq.ft.	02/26/25 08:44
Width	*2.00			in.	02/26/25 08:44
Length	*8.00			in.	02/26/25 08:44

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
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Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220008
LRN : 0000325087
Auxiliary ID : 56978
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 11 Prewipe BASE Wipe Samples

Order 56978

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 10					
Dust Wipe 10	*<5.0			ug/sq.ft.	02/26/25 08:44
Width	*12.00			in.	02/26/25 08:44
Length	*12.00			in.	02/26/25 08:44
Sample 11					
Dust Wipe 11	*<5.0			ug/sq.ft.	02/26/25 08:44
Width	*12.00			in.	02/26/25 08:44
Length	*12.00			in.	02/26/25 08:44

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

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841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220008
LRN : 0000325087
Auxiliary ID : 56978
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 11 Prewipe BASE Wipe Samples

Order 56978

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Test Method					
Test Method	*see below				02/22/25 12:36

Sample Preparation: Modified ASTM E1644 per PbSOP
Analytical Method: Modified EPA Method 7000B per PbSOP

Minimum Reporting Limit: 5.0 ug/sqft
Minimum Detection Limit: 2.5 ug/sqft

Sample results have not been corrected for field blank or analytical blank. Results related only to those samples tested. All sample area information is provided to the lab by the client unless otherwise stated.
QC results associated with these samples were acceptable unless otherwise noted.
Data reviewed and approved by the QA Coordinator/Technical Manager.
Accrediting body: AIHA-LAP, LLC; Lab ID #102186.

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

City of Milwaukee Health Department

Lab No. _____

H-3044 Lead Dust Sample Collection and Results

0056978

Date 02-22-25

☐ HUD ☒ Base ☐ CDBG

inspector [redacted]

	Last Name	First Name	Phone
Owner's Name			
Contractor			

Street No.	Street Name	Apt. No.	City	Zip Code
1943	East Trowbridge st.		Milwaukee	53207

☒ Prewipe ☐ Clearance ☐ Interim ☐ Re-Wipe

Sample No.	Room Type	Sample Type	Substrate Type	Substrate Condition	Sample Area Meas.	Comments
1	9	D	3	3	2X8	shelf
2	9	A	2	3	12X12	rug
3	9	A	3	3	12X12	039 Floor
4	9	B	3	3	2X8	031 sill
5	9	A	3	3	12X12	Stage
6	9	A	3	3	12X12	Stage
7	9	A	3	3	12X12	B
8	9	A	3	3	12X12	037
9	9	A	3	3	2X8	032
10	9	A	3	3	12X12	032 Drop ceiling open
11	9	A	3	3	12X12	032

Z0220008 --> URGENT
CP/E/TROWBRIDGEST, 1943
Mrn:0000325087 B#: 0000325087
BASE:: LDUST Dob:

@ 9:00am

Codes:

Room Type: 1 = Living Rm. 2 = Kitchen 3 = Dining Rm. 4 = Entry Hall 5 = Bedroom 6 = Family Rm. 7 = Bathroom 8 = Basement 9 = Other

Sample Type: A = Floor B = Interior Sill C = Exterior Sill D = Other

Substrate Type: 1 = Vinyl 2 = Carpet 3 = Wood 4 = Painted Surface 5 = Concrete 6 = Other

Substrate Condition: 1 = Deteriorated 2 = Moderate 3 = Excellent

Date Reported 2-25-2025

Analyst [redacted]

H-3044 R2/14 MHD Graphics

White: Requestor Yellow: Lab Pink: Office

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220005
LRN : 0000325087
Auxiliary ID : 56975
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 19 BASE Prewipe Wipe Samples

Order 56975

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
COLLECTED 02/22/25 09:30 RECEIVED 02/22/25 12:13					
Sample 1					
Dust Wipe 1	*<5.0			ug/sq.ft.	02/25/25 13:41
Width	*12.00			in.	02/25/25 13:41
Length	*12.00			in.	02/25/25 13:41
Sample 2					
Dust Wipe 2	*<45			ug/sq.ft.	02/25/25 13:41
Width	*8.00			in.	02/25/25 13:41
Length	*2.00			in.	02/25/25 13:41
Sample 3					
Dust Wipe 3	*<5.0			ug/sq.ft.	02/25/25 13:41
Width	*12.00			in.	02/25/25 13:41
Length	*12.00			in.	02/25/25 13:41
Sample 4					
Dust Wipe 4	*5.3			ug/sq.ft.	02/25/25 13:41
Width	*12.00			in.	02/25/25 13:41
Length	*12.00			in.	02/25/25 13:41

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220005
LRN : 0000325087
Auxiliary ID : 56975
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 19 BASE Prewipe Wipe Samples

Order 56975

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 5					
Dust Wipe 5	*<5.0			ug/sq.ft.	02/25/25 13:41
Width	*12.00			in.	02/25/25 13:41
Length	*12.00			in.	02/25/25 13:41
Sample 6					
Dust Wipe 6	*11			ug/sq.ft.	02/25/25 13:41
Width	*12.00			in.	02/25/25 13:41
Length	*12.00			in.	02/25/25 13:41
Sample 7					
Dust Wipe 7	*<45			ug/sq.ft.	02/25/25 13:41
Width	*2.00			in.	02/25/25 13:41
Length	*8.00			in.	02/25/25 13:41
Sample 8					
Dust Wipe 8	*<45			ug/sq.ft.	02/25/25 13:41
Width	*2.00			in.	02/25/25 13:41
Length	*8.00			in.	02/25/25 13:41
Sample 9					
Dust Wipe 9	*<5.0			ug/sq.ft.	02/25/25 13:41
Width	*12.00			in.	02/25/25 13:41
Length	*12.00			in.	02/25/25 13:41

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

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HEALTH DEPARTMENT

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Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220005
LRN : 0000325087
Auxiliary ID : 56975
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 19 BASE Prewipe Wipe Samples

Order 56975

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 10					
Dust Wipe 10	*<5.0			ug/sq.ft.	02/25/25 13:41
Width	*12.00			in.	02/25/25 13:41
Length	*12.00			in.	02/25/25 13:41
Sample 11					
Dust Wipe 11	*<5.0			ug/sq.ft.	02/25/25 13:41
Width	*12.00			in.	02/25/25 13:41
Length	*12.00			in.	02/25/25 13:41
Sample 12					
Dust Wipe 12	*<45			ug/sq.ft.	02/25/25 13:41
Width	*2.00			in.	02/25/25 13:41
Length	*8.00			in.	02/25/25 13:41
Sample 13					
Dust Wipe 13	*<5.0			ug/sq.ft.	02/25/25 13:41
Width	*12.00			in.	02/25/25 13:41
Length	*12.00			in.	02/25/25 13:41
Sample 14					
Dust Wipe 14	*<5.0			ug/sq.ft.	02/25/25 13:41
Width	*12.00			in.	02/25/25 13:41
Length	*12.00			in.	02/25/25 13:41

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Order ID : Z0220005
LRN : 0000325087
Auxiliary ID : 56975
Date Collected: 02/22/25
Date Received : 02/22/25

Requested by: [redacted]

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 19 BASE Prewipe Wipe Samples

Order 56975

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Sample 15					
Dust Wipe 15	*<45			ug/sq.ft.	02/25/25 13:41
Width	*2.00			in.	02/25/25 13:41
Length	*8.00			in.	02/25/25 13:41
Sample 16					
Dust Wipe 16	*<45			ug/sq.ft.	02/25/25 13:41
Width	*2.00			in.	02/25/25 13:41
Length	*8.00			in.	02/25/25 13:41
Sample 17					
Dust Wipe 17	*<5.0			ug/sq.ft.	02/25/25 13:41
Width	*12.00			in.	02/25/25 13:41
Length	*12.00			in.	02/25/25 13:41
Sample 18					
Dust Wipe 18	*<5.0			ug/sq.ft.	02/25/25 13:41
Width	*12.00			in.	02/25/25 13:41
Length	*12.00			in.	02/25/25 13:41
Sample 19					
Dust Wipe 19	*<5.0			ug/sq.ft.	02/25/25 13:41
Width	*12.00			in.	02/25/25 13:41
Length	*12.00			in.	02/25/25 13:41

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

CITY OF MILWAUKEE
HEALTH DEPARTMENT

City of Milwaukee-Public Health Laboratories
841 North Broadway, Room 205 Milwaukee, WI 53202-3653
Phone Number: (414)286-3526 Fax Number: (414)286-5098
Autoreporting Lab

Submitter copy to:

BASE LEAD PROGRAM
841 N Broadway Ave
1st Floor
Milwaukee, WI 53202

Requested by: [redacted]

Order ID : Z0220005
LRN : 0000325087
Auxiliary ID : 56975
Date Collected: 02/22/25
Date Received : 02/22/25

FINAL

Patient Name: **CP/E/TROWBRIDGEST, 1943** DOB: Age: Sex:

Ord. Comm: 19 BASE Prewipe Wipe Samples

Order 56975

Lead in Dust Wipes

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	DATE-TIME
Test Method					
Test Method	*see below				02/22/25 12:30

Sample Preparation: Modified ASTM E1644 per PbSOP
Analytical Method: Modified EPA Method 7000B per PbSOP

Minimum Reporting Limit: 5.0 ug/sqft
Minimum Detection Limit: 2.5 ug/sqft

Sample results have not been corrected for field blank or analytical blank. Results related only to those samples tested. All sample area information is provided to the lab by the client unless otherwise stated.
QC results associated with these samples were acceptable unless otherwise noted.
Data reviewed and approved by the QA Coordinator/Technical Manager.
Accrediting body: AIHA-LAP, LLC; Lab ID #102186.

Legends: L-Low, H-High, AB-Abnormal, P-Panic, C-Critical, X-Extreme

[redacted]

City of Milwaukee Health Department

0056975

Lab No. _____

H-3044 Lead Dust Sample Collection and Results

Date 02.22.25

inspecto [redacted]

☐ HUD ☒ Base ☐ CDBG

	Last Name	First Name	Phone
Owner's Name			
Contractor			

Street No.	Street Name	Apt. No.	City	Zip Code
1943	East Trowbridge st.		Milwaukee	53207

☒ Prewipe ☐ Clearance ☐ Interim ☐ Re-Wipe

Sample No.	Room Type	Sample Type	Substrate Type	Substrate Condition	Sample Area Meas.	Comments
1	~~5~~ 4	A	3	3	12X12	landing
2	4	B	3	3	8X2	sill
3	4	A	3	3	12X12	corridor
4	4	A	3	3	12X12	corridor
5	9	A	3	3	12X12	33
6	9	A	3	3	12X12	33 rad
7	9	B	3	3	2X8	33
8	9	D	3	2	2X8	book 33 shelve
9	9	A	3	3	12X12	Gym
10	9	A	3	3	12X12	Gym 34
11	9	A	3	3	12X12	Gym 34
12	9	B	3	3	2X8	Gym 34
13	4	A	3	3	12X12	landing lower
14	4	A	3	3	12X12	landing up
15	4	B	3	3	2X8	sill
16	9	B	3	3	2X8	sill
17	9	A	3	3	12X12	30 rad
18	9	A	3	3	12X12	30
19	9	A	3	3	12X12	3

taken @ 9:30am

Codes:

Room Type: Entry Hall 5 = Bedroom 6 = Family Rm. 7 = Bathroom 8 = Basement 9 = Other

Sample Type: ther

Substrate Type: ace 5 = Concrete 6 = Other

Substrate Condition:

Z0220005 --> URGENT
CP/E/TROWBRIDGEST, 1943
Mrn:0000325087 B#: 0000325087
BASE:: LDUST Dob:

Date Reported 2-25-2025

Analy [redacted]

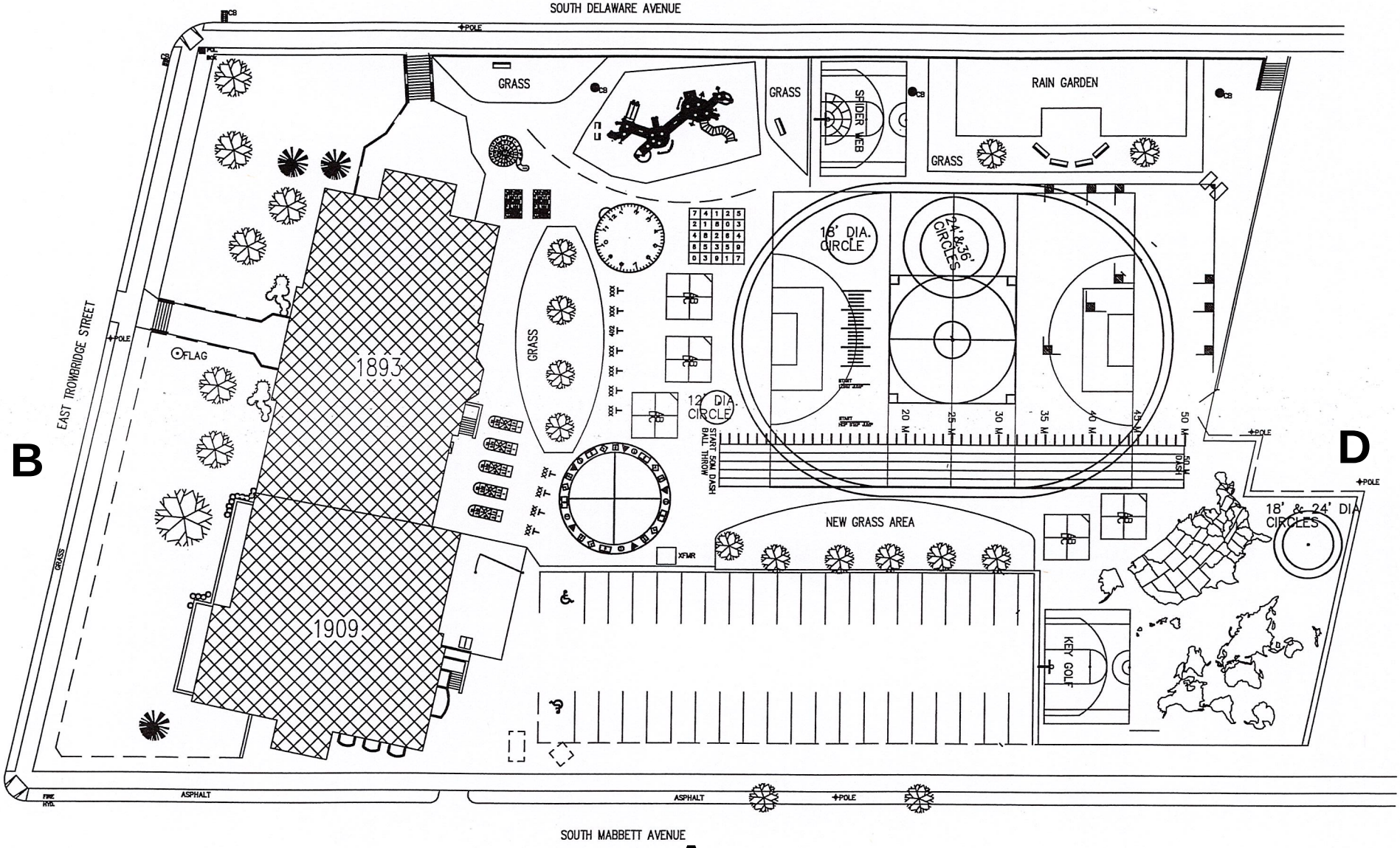
H-3044 R2/14 MHD Graphics

White: Requestor **Yellow:** Lab **Pink:** Office

APPENDIX C: Floor Plan(s) and Site Sketch

C

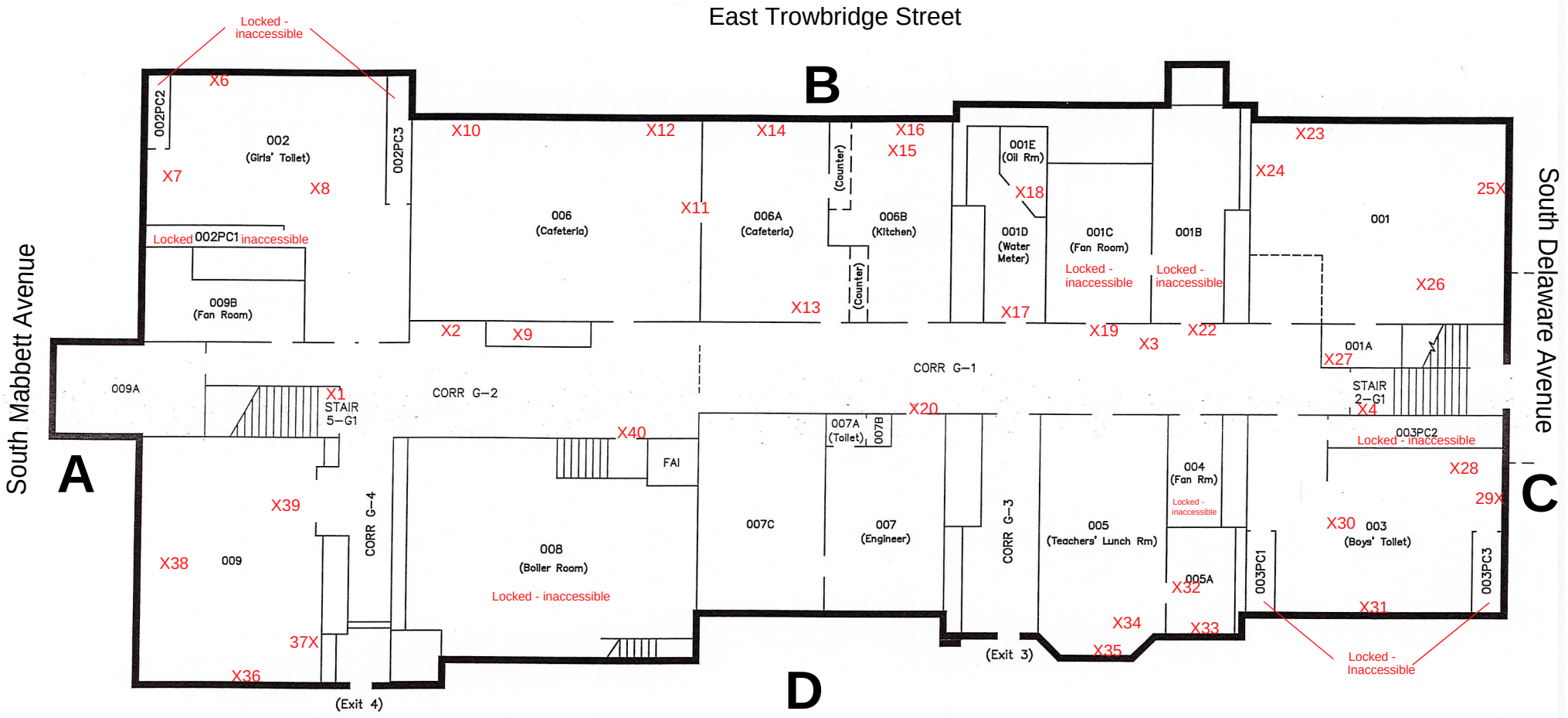
No bare soil at the time of the inspection. Ground was covered with snow



SITE PLAN

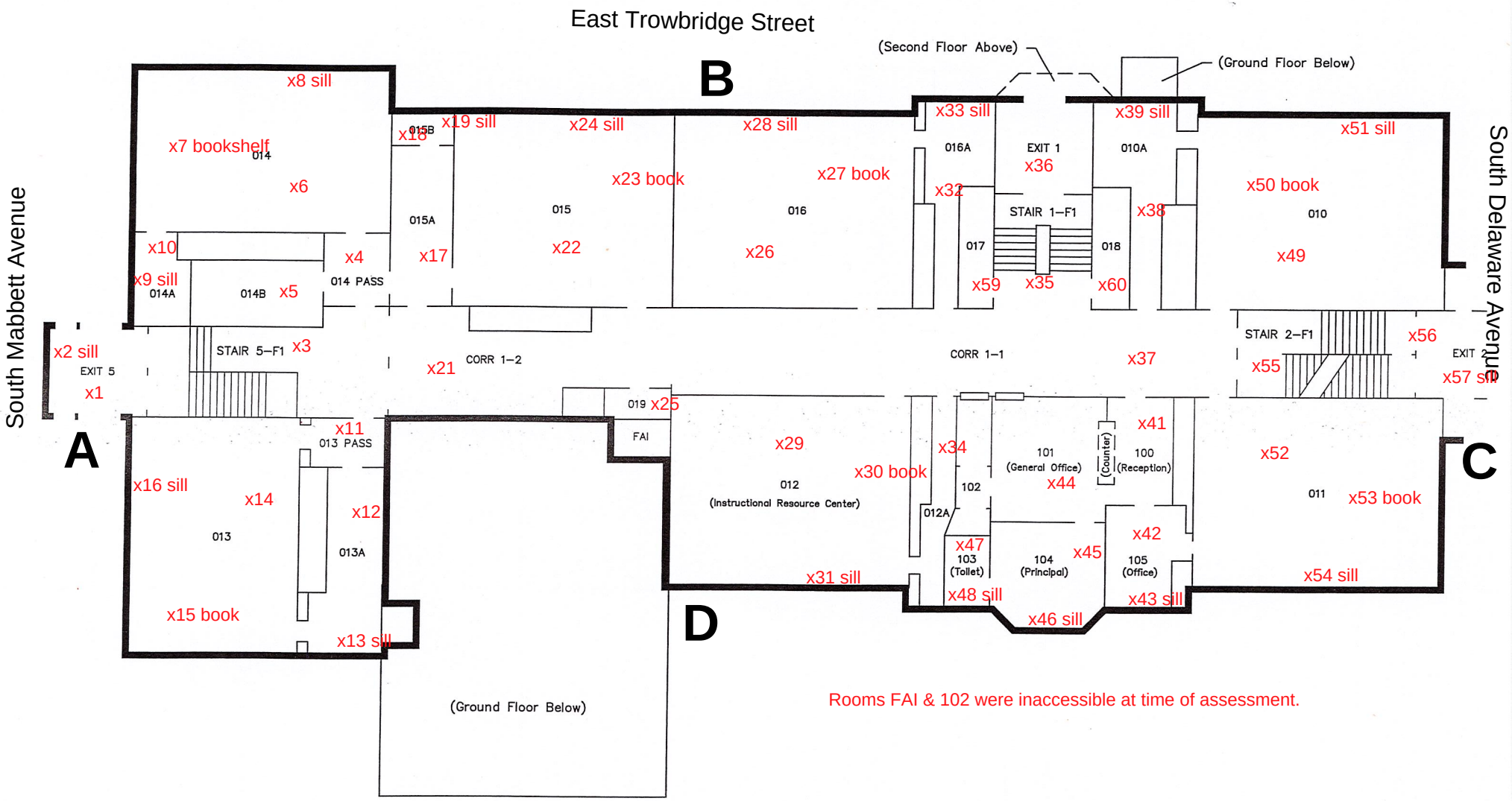
SITE NO: 368 – TROWBRIDGE STREET ELEMENTARY SCHOOL
1943 EAST TROWBRIDGE STREET, MILW., WI. 53207-2596
DATE: 9/12/07

X# = Dust wipe location/# designation
#5, #21 = Blank control samples on this floor



GROUND FLOOR PLAN

SITE NO: 368 – TROWBRIDGE STREET ELEMENTARY SCHOOL
1943 EAST TROWBRIDGE STREET, MILW., WI. 53207–2596
DATE: 2/13/13

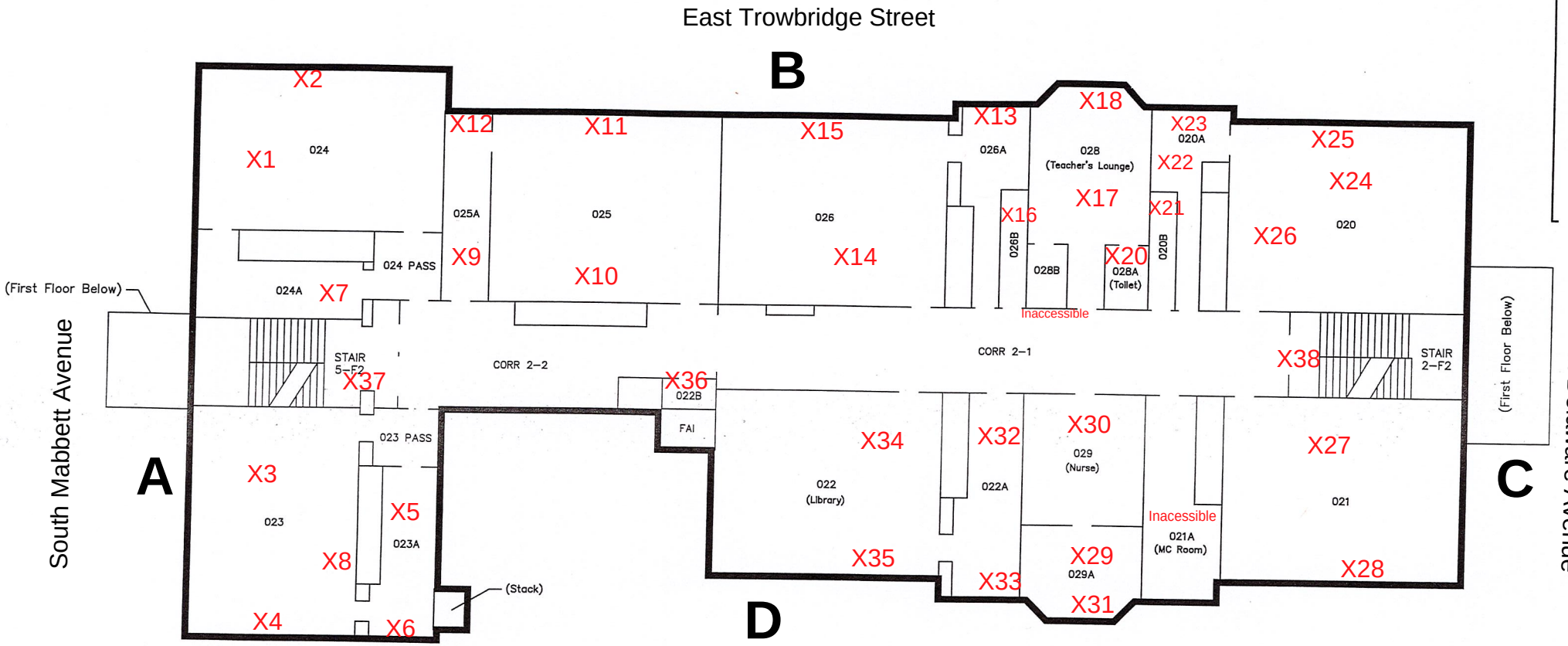


Rooms FAI & 102 were inaccessible at time of assessment.

FIRST FLOOR PLAN

SITE NO: 368 – TROWBRIDGE STREET ELEMENTARY SCHOOL
1943 EAST TROWBRIDGE STREET, MILW., WI. 53207-2596
DATE: 7/29/21

X# = Dust wipe location/#designation
#19, #39 = Blank control samples on this floor

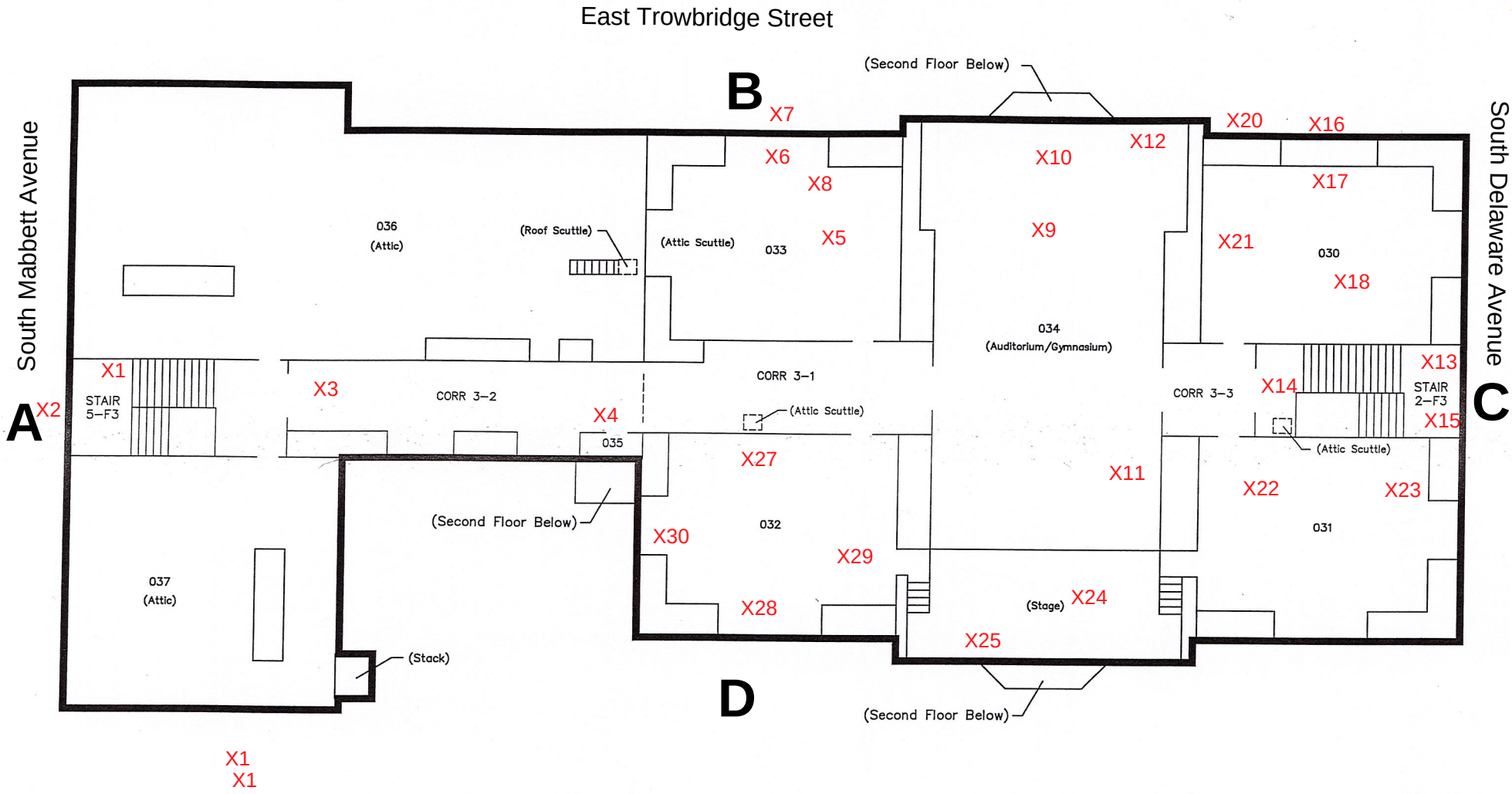


SECOND FLOOR PLAN

SITE NO: 368 - TROWBRIDGE STREET ELEMENTARY SCHOOL
1943 EAST TROWBRIDGE STREET, MILW., WI. 53207-2596
DATE: 9/29/08

NORTH

SCALE: 1/



THIRD FLOOR PLAN

SITE NO: 368 – TROWBRIDGE STREET ELEMENTARY SCHOOL
1943 EAST TROWBRIDGE STREET, MILW., WI. 53207–2596
DATE: 5/24/24

APPENDIX D: Pictures

1943 E Trowbridge St Exterior 02/22/2025



Side A



Side B



Side C



Side D



Side A fascia above door (North)



Side A Fascia above door (South)



1943 E Trowbridge St 001A Wall D



1943 E Trowbridge 001A Shelves



1943 E Trowbridge St 001A Shelf



1943 E Trowbridge St 001A Wall A

1943 E Trowbridge St Stair 5 -G1 Ceiling



1943 E Trowbridge St 002 Ceiling pipe





1943 E Trowbridge St CORR G-3 Ceiling



1943 E Trowbridge St CORR G-4 Ceiling

1943 E Trowbridge St 007C Door



1943 E Trowbridge St 007C Boiler



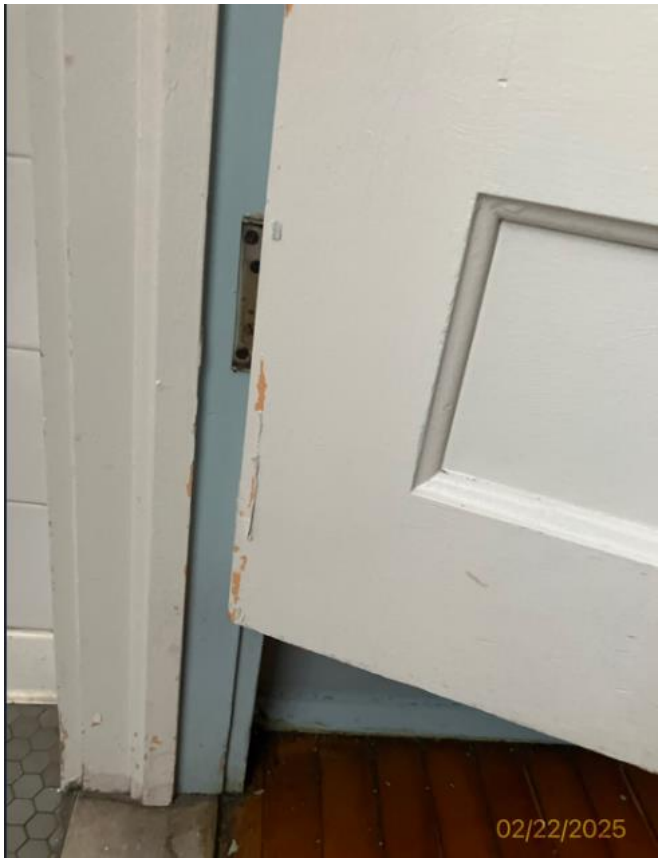
This room is inaccessible to children



1943 E Trowbridge St 007C Ceiling



1943 E Trowbridge St 007C Door Jamb



014A Door



103 Windowsill (room is inaccessible to children)



103 Pipe



013 Shelf

Room 024A - Wall Corner C



Room 024 PASS – Wall B



Room 024 – Bottom Edge Windowsill B



Room 024 – Built-in Cabinet Sill D





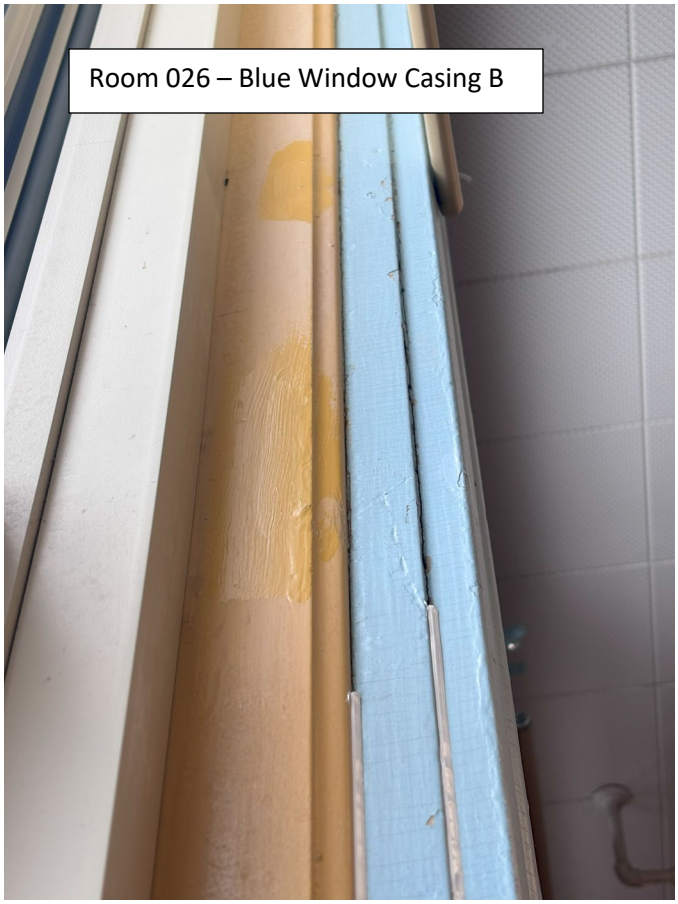
Room 024 – Built-in Cabinet Rail D


Room 024 – Door Casing AD


Room 024 – Window Sill A


Room 026B – Wall C


Room 025 – Window Casing B


Room 026 – Blue Window Casing B


Room 026A – Upper Wall A


Room 026A – Wall Above Cabinet C


Room 028 – Window Casing B


Room 020B – Peach Wall A


Room 020B – Peach Wall A


Room 020B – White Wall A


Room 020A – Window Casing B


Room 021 – Window Casing D


Room 029A – Wainscoting B


Room 029 – Cabinet Door Slab A


Room 029 – Cabinet Door Rail C


Room 029 – Cabinet Base C


Room 022A – Built-in Casing C

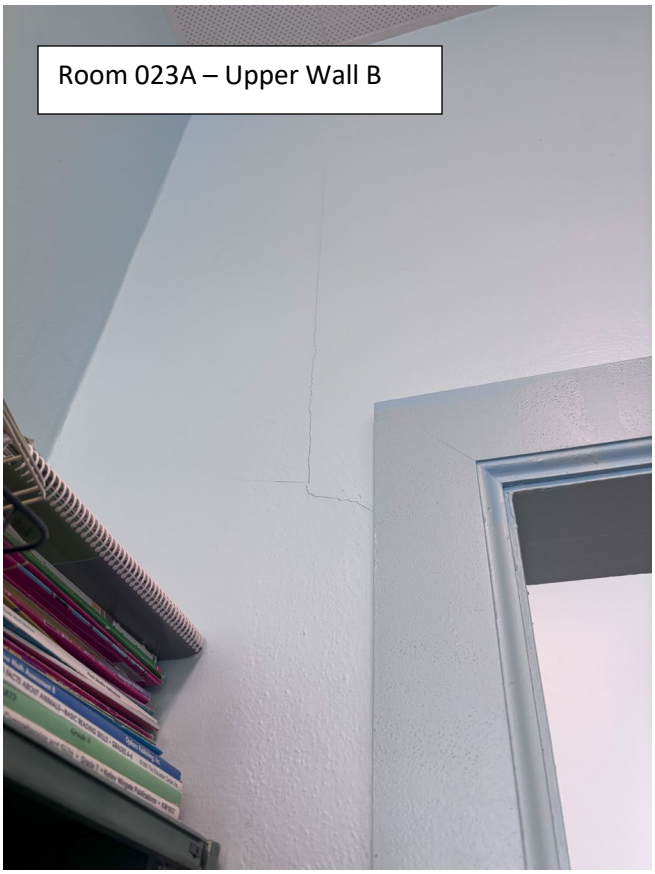

Room 022B – Lower Wall D
AND WASHING O


Room 022B – Upper Wall D


Room 023 PASS – Lower Wall A


Room 023A – Wall Upper Wall A


Room 023A – Door Jamb A


Room 023A – Upper Wall B


Room 023 – Cabinet Door Casing C


Room 023 – Door Jamb Side C


CORR 2-1 – Upper Wall D



Janitors Closet Corr 3-2



Stair 5-F3 Left Newel Post



Stair 5 F-3 Right Newel Post

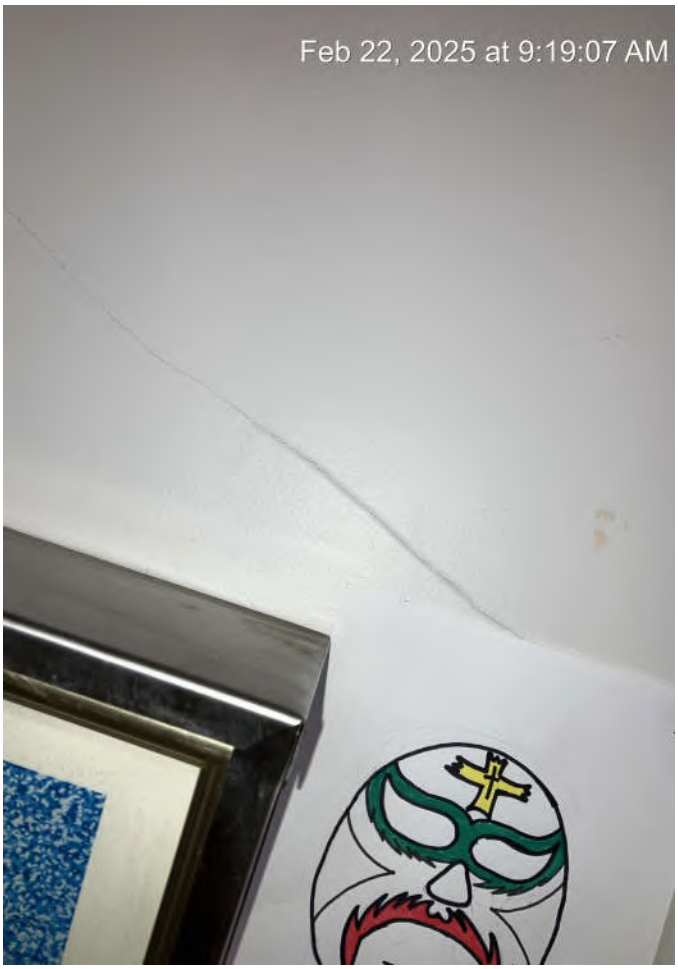


Stair 5 F-3 Landing Newel Post

CORR 3-2 Wall B



CORR 3-2 Wall B





CORR 3-1 Wall D



CORR 3-1 Wall D

CORR 3-1 Skylight-Dust and Deterioration



CORR 3-1 Wall B





Room 033 Lower Wall B-Behind Radiator



Room 033 Vent (Cold-Air Return) Wall B

Room 033 Vent (Cold-Air Return) Wall D



Room 032 Window Sill #





Room 032 Plate Rail Wall B



Room 032 Ceiling-Exposed Deteriorated Surface

Room 032 Vent B/C/D Ceiling, Trim (Cold-Air Return)



Room 032 Door Jamb to Stage





Room 032 Door Side C to Stage



Room 032 Window Trim #

Room 032 Wall C



Room 032 Window Trim #





Room 032 Baseboard Wall D-Behind Radiator



Stage Window Trim #

Stage Window Trim #



Stage Wall D





Stage Risers-Closest to Room 031



CORR 3-3 Wall B

CORR 3-3 Wall D



Room 030 Vent B/D, Baseboard (Cold Air Return)





Room 030 Board Trim Side D-Paint Chipping



Room 030 Radiator Wall B

Room 030 Lower Wall B-Behind Radiator



Room 030 Lower Wall C-Behind Radiator





Room 031 Entry Door Jamb



Room 031 Wall Trim Side B

Room 031 Plate Rail Side D

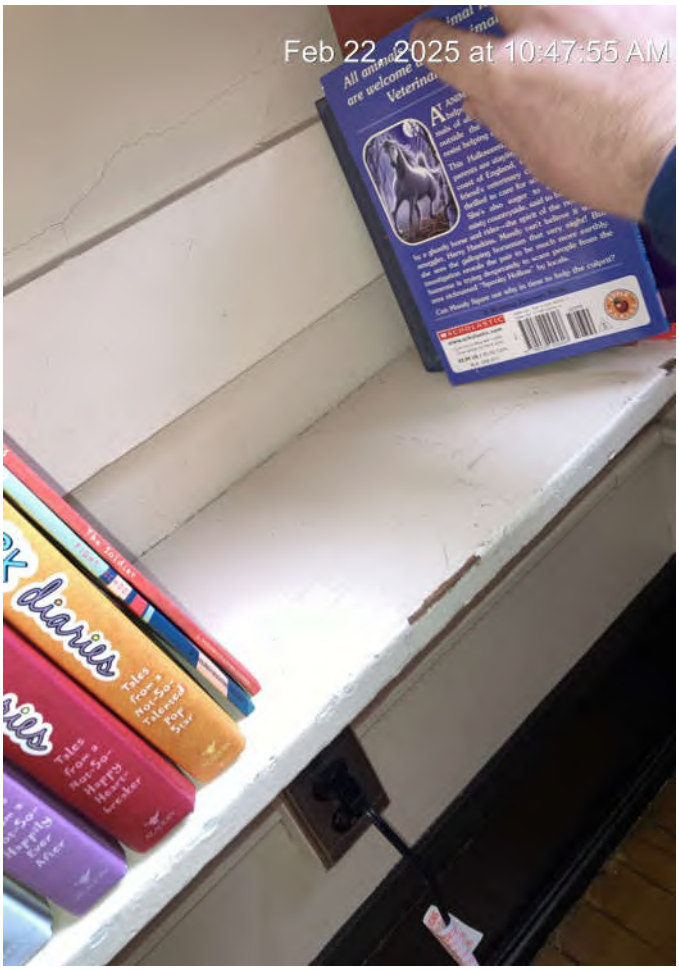


Room 031 Plate Rail Side B





Room 031 Plate Rail Side C



Room 031 Shelf Wall C

Room 031 Wall D & Baseboard-Behind Radiator



Room 031 Wall A Shelf





Room 031 Wall D



Room 031 Wall D Trim

Stair 2-F3 Attic Scuttle Door & Trim



Stair 2-F3 Wall B





Stair 2-F3 Wall C

APPENDIX E: Ongoing Monitoring

It's unusual to remove all lead-based paint (LBP) from the property. This means that new hazards can develop when:

- Control measures fail (for example, damage to an enclosure).
- LBP becomes deteriorated.
- Dust from friction, impact, or other deterioration collects on floors or windowsills.
- Contaminated dust and soil from outside are tracked inside.

To keep the building safe, the owner should:

- Visually assess for hazards at least once a year after the risk assessment or controlling hazards.
- Hire a certified lead risk assessor for a reevaluation of the property every two years.

Visual Assessment

Who can do it

The owner of the property (or their agent)

When to do it

Start annual visual assessments one year after the risk assessment or any hazard reduction work. Also do one when:

- A resident reports deteriorated paint or other possible lead hazards.
- A unit becomes vacant (assess before re-renting it).
- A unit sustains damage (for example, flooding, wind, fire).

How to do it

Go through the building unit and each common area. Include exterior painted surfaces and ground cover. Check for:

- Deterioration on any untested surfaces and surfaces with known LBP.
- Structural problems that could make LBP or untested paint fail.
- Continued integrity of enclosures and encapsulants used to control LBP hazards.

Reevaluation

Who can do it

A certified lead risk assessor

When to do it

Start biennial reevaluations two years after the risk assessment or any hazard reduction work. Reevaluate every two years (plus or minus 60 days).

How it is done

A reevaluation is a risk assessment that builds on a previous investigation report. If hazards were controlled after a previous risk assessment, the risk assessor makes sure they are still effective. Then, the risk assessor identifies any new LBP hazards by:

- Looking for deteriorated paint. If that paint wasn't already tested, the risk assessor tests it.
- Looking for other potential hazards, such as new bare soil and friction surfaces.
- Collecting new dust wipe samples and soil samples (if there is new bare soil).

The risk assessor compiles information on all LBP hazards into a written risk assessment report. The risk assessor also recommends options for controlling all LBP hazards.

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[i] www.dhs.wisconsin.gov/lead/index.htm

[ii] Wis. Admin Code DHS Chapter 163 https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/163/Title

[iii] www.epa.gov/lead/protect-your-family-lead-your-home-real-estate-disclosure

[iv] HUD Guidelines for the Evaluation and Control of Lead-Based Paint Hazards is Housing (2012 Edition) www.hud.gov/program_offices/healthy_homes/lbp/hudguidelines

[v] Appendix 13.1: Wipe Sampling of Settled Dust for Lead Determination www.hud.gov/sites/documents/LBPH-40.PDF

[vi] Appendix 13.3: Collecting Soil Samples for Lead Determination www.hud.gov/sites/documents/LBPH-42.PDF

[vii] eCFR :: 40 CFR Part 745 -- Lead-Based Paint Poisoning Prevention in Certain Residential Structures https://www.ecfr.gov/current/title-40/chapter-I/subchapter-R/part-745#745.63