



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
 Nellie M. Gorbea, *Secretary of State*

Rules and Regulations Filing Form

1. Agency Name and Address

Health, Department of

Cannon Building

2. Title of Rule

Rules and Regulations for Lead Poisoning Prevention [R23-24.6-PB]

3. Statutory Source of Authority

RIGL §23-24.6

4. Concise Explanatory Statement - §42-35-2.3

The purposes of the proposed changes are to bring the regulations into compliance with U.S. Environmental Protection Agency (EPA) Remodeler/Renovator regulations [40 CFR 745, Subpart E], and to adopt several housekeeping amendments.

5. Type of Filing

| Emergency Rules | |
|--|--|
| <p>A1. Emergency 120-day initial - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment of ERLID:</p> <p>" <input type="checkbox"/> Repeal of ERLID:</p> <p>Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):</p> | <p>A2. Emergency 90-day renewal - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p>Indicate ERLID of 120-day initial:</p> |

| Final Rules | | | |
|---|--|--|---|
| <p><input checked="" type="checkbox"/> B1. Amendment</p> <p>Supersedes ERLID: 4806</p> | <p><input type="checkbox"/> B2. Adoption</p> <p>Repeals ERLID:</p> | <p><input type="checkbox"/> B3. Repeal</p> <p>Expires ERLID:</p> | <p><input type="checkbox"/> C. Technical Revision</p> |
| <p>If B1 or C, please indicate new, amended, deleted, or revised sections:</p> <p>Extensive revisions to §§14, 18 & 20 to bring the regulations into compliance with U.S. EPA regulations [40 CFR 745, Subpart E]</p> | | | |

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1):01/12/2010
 Date of Public Hearing - §42-35-3(a)(2):02/16/2010
 End of Comment Period:03/02/2010

7. Agency Additional Information - Web Page

http://

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

 Name

 Title

 Notary Public
 Subscribed and sworn before me
 this _____ day of _____, _____