Crumbling Foundations Application Instructions

This application is intended to request reimbursement for monies spent on visual and/or sampling tests relating to the damaging effects of pyrrhotite on concrete home foundations.

Please remember, this is a reimbursement program, so monies have to be expended first and evidence of expenditures must be submitted with the application. Applicants cannot prospectively request reimbursement for costs.

All applications must be accompanied by:

- Proof of Home Ownership - Condos: proof of foundation ownership - usually the association declaration - *(Examples of homeownership include mortgage statements, tax bills, copies of deeds, etc.)*
- Testing and/or Visual Inspection Report and Results
- Pictures of Foundation Damage *(If not in Report)*
- Invoice or other Documentation of Costs *(Such as a cancelled check)*
- Dated Records of House Addition *(If applicable)*
- List of Other Units that Share Foundation *(For Condos)*
- Commonwealth Standard Contract Form *(Needed for the Commonwealth to process payment)*
- W-9 Form *(For tax purposes)*
- Electronic Fund Transfer Form *(EFT)*

**Completed applications and support material shall be returned to:**
Office of Public Safety & Inspections, Crumbling Foundations
1000 Washington Street, Suite 710
Boston, MA 02118

Questions may be directed to Cesar.Latra@mass.gov or call 617-826-5202

Eligibility requirements:
- The Home must have been constructed on or after 1983 up to 2015.
  If the home was built before 1983, but there is an addition that was built after 1983, the addition is eligible for consideration under the program. The homeowner must supply proof that the addition was built during or after 1983 *(building permit, certificate of occupancy or other similar documentation)*.
- The home must be located within a 20-mile radius of the 10 Meadow Lane Concrete Batching Plant in Stafford Springs Connecticut.

**Please note that application may only be approved for reimbursement up to the following levels:**
- 100% visual testing conducted by a licensed professional engineer up to $400 maximum.
- 75% for the testing of two core samples up to $5000 maximum.

Please see addition information regarding the effects of pyrrhotite on concrete at the tail-end of this document.

Thank you.
# Crumbling Foundations Application

## REQUIRED INFORMATION IS HIGHLIGHTED

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Testing Site</td>
<td>City/Town</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Mailing Address □ Same as Above</td>
<td>City/Town</td>
<td>State</td>
</tr>
<tr>
<td>Type of Property □ Residential □ Condo □ House Addition</td>
<td>Year Built</td>
<td>Year Addition Built</td>
</tr>
<tr>
<td>Type of Foundation Test □ Visual □ Core Test</td>
<td>Date Test Conducted</td>
<td>Total Invoice Amount</td>
</tr>
<tr>
<td>Company/Engineer Name</td>
<td>Phone Number</td>
<td>E-mail</td>
</tr>
</tbody>
</table>

Did your foundation test positive for pyrrhotite? □ YES □ NO □ I don’t know
Damage Level (If given)
□ No Visible Damage □ Minor Degradation □ Minor to Moderate Degradation
□ Moderate to Severe Degradation □ Severe Degradation □ I don’t know

Where is the location of the damage?
□ Concrete Floors Only □ Concrete Wall Only □ Floors and Walls □ I don’t know

Does your house have any of the following characteristics? (Check all that you know, skip if you don’t know.)
□ Waterproofing on the exterior of the basement □ Routine use of dehumidifier in the basement
□ Waterproofing in the interior walls □ Gutters
□ Finished Basement or partially finished □ Damage was in the partially finished portion

Please enclose the following to complete your application:
□ Proof of Home Ownership (Condos: proof of foundation ownership - usually the association declaration)
(Examples of homeownership include mortgage statements, tax bills, copies of deeds, etc.)
□ Testing/Visual Inspection Report/Results
□ Pictures of Foundation Damage (If not in Report)
□ Invoice or other Documentation of Costs (Such as a cancelled check)
□ Dated Records of House Addition (If applicable)
□ List of Other Units that Share Foundation (For Condos)
□ Commonwealth Standard Contract Form (Needed for the Commonwealth to process payment)
□ W-9 Form (For Tax Purposes)
□ Electronic Funds Transfer Form (EFT)

I certify that the information entered above is complete and accurate.

Signature

Date

Mail applications to:
Office of Public Safety & Inspections, Crumbling Foundations
1000 Washington Street, Boston, MA Suite 710, Boston, MA 02118
Question to Cesar.Lastname@Mass.gov or call 617-826-5202.
COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

This form is jointly issued and published by the Executive Office for Administration and Finance (AOF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at https://www.massgov.org/ under Forms.

**CONTRACTOR LEGAL NAME:**
(and dba):

**COMMONWEALTH DEPARTMENT NAME:** Division of Professional Licensure

**Legal Address:** (W-9, W-4,T&C):

**MMARS Department Code:** REG

**Contract Manager:**

**Business Mailing Address:** 1000 Washington St., Ste. 710 Boston, MA 02118

**E-Mail:**

**Billing Address** (if different):

**Phone:**

**Contract Manager:** Robert Anderson

**Fax:**

**E-Mail:** Robert.Anderson@mass.gov

**Contractor Vendor Code:** VC

**Phone:** 617-826-5288

**Contractor Code Address ID:** (e.g. "AD001"): AD

**Fax:**

(Note: The Address Id Must be set up for EFT payments.)

**RFR/Procurement or Other ID Number:** N/A

**Vendor Code Address ID:**

**CONTRACT AMENDMENT**

Enter Current Contract End Date Prior to Amendment: __________ 20___
Enter Amendment Amount: $_________ (or no change)

**AMENDMENT TYPE:** (Check one option only. Attach details of Amendment changes.)

- Amendment to Scope or Budget (Attach updated scope and budget)
- Interim Contract (Attach justification for Interim Contract and updated scope/budget)
- Contract Employee (Attach any updates to scope or budget)
- Legislative/Legal or Other (Attach authorizing language/justification and updated scope and budget)

**The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract.**

- X. Commonwealth Terms and Conditions For Human and Social Services

- X. Commonwealth Terms and Conditions

**COMPENSATION:** (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be made in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to subject for Commonwealth owed debts under 815 CMR 9.00.

- X. Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)

- X. Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). $_________

**PROMPT PAYMENT DISCOUNTS (PPD):** Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days __ % PPD; Payment issued within 15 days __ % PPD; Payment issued within 20 days __ % PPD; Payment issued within 30 days __ % PPD. If PPD percentages are left blank, identify reason: __ agree to standard 45 day cycle __ statutory/legal or Ready Payments (G.L.C. 29, § 23A): __ initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

**BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT:** (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Reimbursement of costs to homeowners associated with implementation of testing for the presence of pyrrothite in the foundation of their home.

**ANTICIPATED START DATE:** (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

- X. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.

- X. may be incurred as of ___________ 20___, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.

- X. were incurred as of ___________ 20___, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

**CONTRACT END DATE:** Contract performance shall terminate as of ___________ 20___, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

**CERTIFICATIONS:** Notwithstanding verbal or other representations by the parties, the “Effective Date” of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached Contractor Certifications (incorporated by reference if not attached hereunto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor’s Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor’s Response only if made using the process outlined in 901 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

**AUTHORIZED SIGNATURE FOR THE CONTRACTOR:**

X: ___________ ___________ ___________ Date: ___________ ___________

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: ___________ ___________ Print Title: ___________ ___________

**AUTHORIZED SIGNATURE FOR THE COMMONWEALTH:**

X: ___________ ___________ ___________ Date: ___________ ___________

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name: ___________ ___________ Print Title: ___________ ___________

(Updated 3/21/2014) Page 1 of 5
Form W-9
(Massachusetts Substitute W-9 Form)
Rev. April 2009

Request for Taxpayer Identification Number and Certification

Completed form should be given to the requesting department or the department you are currently doing business with.

Name (List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-See Specific Instruction on page 2)

Business name, if different from above. (See Specific Instruction on page 2)

Check the appropriate box: □ Individual/Sole proprietor □ Corporation □ Partnership □ Other ►

Legal Address: number, street, and apt. or suite no. Remittance Address: if different from legal address, number, street, and apt. or suite no.

City, state and ZIP code City, state and ZIP code

Phone # ( ) Fax # ( ) Email address:

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instruction on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Vendors: Dunn and Bradstreet Universal Numbering System (DUNS)

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am an U.S. person (including an U.S. resident alien).

4. I am currently a Commonwealth of Massachusetts's state employee: (check one): No _____ Yes ______ If yes, in compliance with the State Ethics Commission requirements:

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

Sign Here

Authorized Signature ► Date ►

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).

2. Certify you are not subject to backup withholding

If you are a foreign person, use the appropriate Form W-8. See Pub 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

What is backup withholding? Persons making certain payments to you must withhold a designated percentage, currently 28% and pay to the IRS of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;

2. You do not certify your TIN when required (see the Part II instructions on page 2 for details);

3. The IRS tells the requester that you furnished an incorrect TIN;

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions on page 2.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Wilfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Form MA-W-9 (Rev. April 2009)
Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your Individual name as shown on your social security card on the “Name” line. You may enter your business, trade, or “doing business as” (DBA) name on the “Business name” line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

Part I - Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box.

If you are an individual, you must enter your Social Security Number (SSN) in the appropriate box.

Other entities. Enter your TIN in the appropriate box.

For entities that are disregarded LLCs, enter the owner’s name on the “Name” line.

Part II - Certification

To establish the paying agent that your TIN is correct, or you are a U.S. person, or resident alien, sign Form W-9.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

Dunn and Bradstreet Universal Numbering System (DUNS) number requirement - The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds to include their DUNS number on their applications. You should provide the primary number listed with the Federal government’s Central Contractor Registration (CCR) at www.ccr.gov. Any entity that does not have a DUNS number can apply for one on-line at http://www.dnb.com/ under the DNB D-U-N Number Tab.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payments must generally withhold a designated percentage, currently 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number to Give the Requester

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and SSN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>The individual</td>
</tr>
<tr>
<td>2. Two or more</td>
<td>The actual owner of</td>
</tr>
<tr>
<td>individuals (joint</td>
<td>the account or, if</td>
</tr>
<tr>
<td>account)</td>
<td>combined funds, the</td>
</tr>
<tr>
<td></td>
<td>first individual on</td>
</tr>
<tr>
<td></td>
<td>the account</td>
</tr>
<tr>
<td>3. Custodian account of</td>
<td>The minor</td>
</tr>
<tr>
<td>a minor (Uniform Gift</td>
<td></td>
</tr>
<tr>
<td>to Minors Act)</td>
<td></td>
</tr>
<tr>
<td>a. The usual</td>
<td>The grantor-trustee</td>
</tr>
<tr>
<td>revocable savings trust</td>
<td>The actual owner</td>
</tr>
<tr>
<td>(grantor is also</td>
<td></td>
</tr>
<tr>
<td>trustee)</td>
<td></td>
</tr>
<tr>
<td>b. So-called trust</td>
<td>The owner</td>
</tr>
<tr>
<td>account that is not</td>
<td></td>
</tr>
<tr>
<td>a legal or valid</td>
<td></td>
</tr>
<tr>
<td>trust under state</td>
<td></td>
</tr>
<tr>
<td>law</td>
<td></td>
</tr>
<tr>
<td>5. Sole proprietorship</td>
<td>The owner</td>
</tr>
</tbody>
</table>

Part II - Certification

To establish the paying agent that your TIN is correct, or you are a U.S. person, or resident alien, sign Form W-9.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

Dunn and Bradstreet Universal Numbering System (DUNS) number requirement - The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government’s Central Contractor Registration (CCR) at www.ccr.gov. Any entity that does not have a DUNS number can apply for one on-line at http://www.dnb.com/ under the DNB D-U-N Number Tab.

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You must provide your TIN whether or not you are required to file a tax return. Payments must generally withhold a designated percentage, currently 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person’s number must be furnished.

Circle the minor’s name and furnish the minor’s SSN.

You must show your individual name, but you may also enter your business or “DBA” name. You may use either your SSN or EIN (if you have one).

List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

If you have questions on completing this form, please contact the Office of the State Comptroller. (617) 973-2468.

Upon completion of this form, please send it to the Commonwealth of Massachusetts Department you are doing business with.
Request type must be checked: □ Initial Request  □ Changing Existing Account  □ Closing Account

I ______________________, hereby certify that the account/s indicated on this form is under my direct control and access; therefore, I authorize the State Treasurer as fiscal agent for the State of Massachusetts to initiate, change or cancel credit entries to that account/s as indicated on this form. For ACH debits consistent with the International ACH Transaction (IAT) rules check one:

□ I affirm that payments authorized hereunder are not to an account that is subject to being transferred to a foreign bank account.
□ I affirm that payments authorized hereunder are to an account that is subject to being transferred to a foreign bank account.

This authority is to remain in full force and effect until the Office of Comptroller has received written notification, from either me or an authorized officer of organization of the account's termination in such time and in such a manner as to afford CTR a reasonable opportunity to act upon it.

VENDOR BANK INFORMATION

Vendor Bank Name: __________________________________________________________
Vendor Bank Transit Number (ABA): ________________________________
Vendor Bank Account Number: ____________________________________________
Account Type: ____________________________________________________________

Filling out this field is a requirement for changing account number
Vendor Bank Old Account Number: __________________________________________
Account Type: ____________________________________________________________

VENDOR INFORMATION

Vendor Tax Identification Number (TIN): ________________________________
Vendor/Business Name: ________________________________________________
Vendor Contact Name: _________________________________________________
E-mail: ________________________________________________________________
Telephone: ______________________________________________________________
Address: ________________________________________________________________
City: ______________________________ State: _______ Zip: ______________

This authorization will remain in effect until either canceled in writing or an updated form changing information is sent to the Department you currently do business with.

AUTHORIZED SIGNATURE: ________________________________________________
Print Name: __________________________ Title: ______________________ Date: ________

Form forwarded to Commonwealth Department: ________________________________
Attached voided check here: ________________________________


**Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**Office of Public Safety & Inspections**  
1000 Washington Street, Suite 710- Boston MA 02118

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**Effects of Pyrrhotite on Home Concrete Foundations**

**BACKGROUND**

Pyrrhotite is an iron sulfide mineral that has been found in at least one quarry in northeastern Connecticut. Over the years, materials extracted from this quarry have been used in concrete mixtures and the concrete has been used in various construction projects around Connecticut and central Massachusetts regions. Pyrrhotite that is exposed to oxygen and water may react and cause severe swelling and cracking. As the concrete continues to deteriorate, concrete foundations may become structurally unsound.

The cracking is not normal settling or shrinkage and it may take 15 - 20 years for the pyrrhotite damage to appear. Cracks are typically horizontal, on a 45° angle, or appear in a spider pattern. A white powdery substance may be noticeable around the cracks, brown stains or drips that resemble rust may also be evident. *(See Image 1 below.)*

![Image 1](image.png)

Many Connecticut residents have experienced the effects of pyrrhotite damage to foundations. *(See Image 2 below.)* Some Massachusetts residents are seeing or suspecting damage due to pyrrhotite as well. Concrete mix originating from a batching plant located in Stafford Connecticut used in structures circa 1983 through 2015 are of greatest concern. Concrete trucks may only travel about 20 miles beyond the plant location before
the concrete begins to harden. Therefore, structures located in cities and towns identified below are where difficulties are likely to occur. (See Image 3 below.)

![Image 2](image)

**Image 2**

Damage caused by pyrrhotite is irreversible. The most effective repair is to replace the existing foundation with a new one that does not contain pyrrhotite. The cost to replace a foundation can vary greatly based on multiple factors, but estimates range between $150,000 and $250,000 per home.

**What can be done?**

The first thing to do is determine whether or not there is reason to be concerned. Concrete may and does crack for a number of reasons, settling, excess moisture content, so just because there are cracks in a foundations does not necessarily mean it is due to the presence of pyrrhotite. A few things should be considered:

- Is the structure located in the region identified in **Image 3**?
- Was the structure built between 1983 and 2015?
- Is there visible cracking beyond the norm?

If the answer is yes to one or more of these questions, there may be reason for concern and further investigation should be done.
Image 3

**Visual Inspection and Core Sampling.**

First, a visual inspection should be done by a qualified person and findings should be memorialized in a report. If the inspection concludes that there is no evidence of pyrrhotite damage, nothing further is required. Continued cracking should be monitored since, as mentioned earlier, pyrrhotite damage may take years to become evident.

Next, if a visual inspection is inconclusive or the inspection reports evidence of pyrrhotite damage, a core sample should be taken and tested for more definite results.

*Who is considered qualified to perform visual inspection and report finding?*

A Massachusetts licensed:

- Engineer;
- Architect;
- Construction Supervisor; or
- Certified Building Code Enforcement Official are all considered qualified for such work.

*Are engineers, architects, construction supervisor, or building officials licensed in Connecticut considered qualified to perform inspections?*

Certainly each of these individuals, by education and/or experience, may be consider qualified. However, Massachusetts law requires such individuals to be licensed in the Commonwealth.
Many engineers and/or architects (collectively referred to as Registered Design Professionals or RDPs) are licensed in multiple states. If you are interested in using an out-of-state RDP to perform an inspection, please be sure that they are appropriately licensed in the Commonwealth. Licenses may be checked @

https://www.mass.gov/how-to/check-a-professional-license

**Are reciprocal/comity or temporary licenses available through the Commonwealth to out-of-state RDPs?**

**Yes.** Recognizing the unique situation related to the effects of pyrrhotite, the Commonwealth’s Division of Professional Licensure (DPL) has established an expedited approval process for applicants.

Out-of-state RDPs who wish to apply to the Commonwealth should start by emailing the Licensing Board directly at engineerboard@mass.gov or by calling the Board at (617) 727-9957.

Additionally, an applicant who submits a complete application to the Board will be granted a temporary permit. This permit, which is valid as long as a complete application is pending before the Board, allows an applicant to legally work in Massachusetts using the seal of his/her home state of licensure. Please ask the Board for more information.

If preferred, an out of state RDP can also qualify by working under the license of a Massachusetts licensee without having to obtain a temporary permit.

**Is assistance available for homeowners affected by this issue?**

**Yes.** The Massachusetts legislature has established a reimbursement fund to help assist with visual inspection and/or core sampling costs.

**How can I apply for assistance?**

Download an application @

https://www.mass.gov/lists/construction-control-documents

**All applications must be accompanied by:**

- **Proof of Home Ownership** *(For Condos: proof of foundation ownership - usually the association declaration - Examples of homeownership include mortgage statements, tax bills, copies of deeds, etc.)*
- **Testing and/or Visual Inspection Report and Results.**
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- **Dated Records of House Addition** *(If applicable).*
- **List of Other Units that Share Foundation** *(For Condos).*
- **Commonwealth Standard Contract Form** *(Needed for the Commonwealth to process payment).*
- **W-9 Form** *(For tax purposes)*
- **Electronic Fund Transfer Form (EFT)**

**Completed applications and support material shall be returned to:**

Office of Public Safety & Inspections, Crumbling Foundations  
1000 Washington Street, Suite 710, Boston, MA 02118  
Questions directed to Cesar.Lastra@Mass.gov or call 617-826-5202.

**Are there other eligibility requirements to be considered?**
Yes.

- The home must have been constructed on or after 1983 up to 2015. If the home was built before 1983, but there is an addition that was built after 1983, the addition is eligible for consideration under the program. The homeowner must supply proof that the addition was built after 1983 (building permit, CO or other similar documentation).
- The home must be located within a 20-mile radius of the 10 Meadow Lane in Stafford Springs, Connecticut.

**How are applications approved and what benefits may I expect?**
Applications are reviewed for completeness and eligibility. If approved, applicants will be reimbursed at a rate of:

- 100% for visual testing conducted by a licensed professional engineer up to $400 maximum; and
- 75% for the testing of two core samples up to $5000 maximum.

Please remember, this is a reimbursement program, so monies have to be expended first and evidence of expenditures must be submitted with the applications. Applicants cannot prospectively request reimbursement for costs.

**Who is considered eligible to draw core samples?**
No specific license is required to draw concrete core samples from home foundations, but specialized tools and knowledge are essential. The best way to find qualified companies is to perform a web search of *concrete core sampling in Massachusetts*; numerous results will appear. Caution should be exercised to be sure that the company and its personnel are reputable and reliable.

**Where can core samples be tested?**
Testing for the presence of pyrrhotite is specialized. Again, a web search for *concrete testing laboratories in Massachusetts* will reveal several results, but Massachusetts laboratories may not be equipped to perform necessary tests. Since no special license is required for pyrrhotite testing in Massachusetts, you may wish to consult a list of available vendors in Connecticut @


**What about business owners who suspect that pyrrhotite may be causing damage to their commercial business buildings? Are they eligible to apply for expended testing costs?**

No, not at this time.

What if I find out that there is significant damage to my foundation requiring replacement, is there additional monetary assistance available?

At this time, the answer is no. However, pyrrhotite damage to home foundations is a relatively new issue in Massachusetts. Depending on the extent of damage and number of homes involved, further assistance may be available in the future.