Project ID _____
Date _____
CL8

LEAD ABATEMENT NOTIFICATION FORM

TYPE OF NOTIFICATION (Check One)
☐ Initial ☐ Revision (Fill in any sections that need revision and highlight) ☐ Cancellation

FACILITY DESCRIPTION
Building Name _____
Street Address _____
City _____ **PA** Zip Code _____
Building Size _____ (sq. ft.) No. of Floors _____ Building Age (in years) _____
Present Use _____ Prior Use(s) _____
Will the building be occupied while abatement occurs? ☐ Yes ☐ No

ABATEMENT CONTRACTOR
Company Name _____
PA Certification # _____
Street Address _____
City _____ State ____ Zip Code _____
Contact Person _____ Telephone _____

OTHER CONTRACTOR
Company Name _____
Street Address _____
City _____ State ____ Zip Code _____
Contact Person _____ Telephone _____

FACILITY OWNER
Company Name _____
Street Address _____
City _____ State ____ Zip Code _____
Owner Name _____ Telephone _____

FACILITY INSPECTION OR RISK ASSESSMENT
Inspector or Risk Assessor Name _____ PA Certification # _____
Company Name _____ Telephone _____
Street Address _____
City _____ State _____ Zip Code _____
Date of Inspection/Risk Assessment _____
Was any type of lead-based paint present? ☐ Yes ☐ No
Specify procedures followed (below) and attach copy of results to this application.

_____
_____
_____
_____
_____
_____

L&I USE ONLY Date Postmarked _____ Date Received _____ Project ID# _____

Project ID _____
Date _____
CL8

PROJECT DESCRIPTION

Description of Material	Location of Material (Room #, Floor # or Area)	Amount and Units of Lead-Based Paint	Abatement Type

OPERATION SCHEDULE

Start Date _____ Completion Date _____

Days of Week ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

Daily Hours of Operation (Circle AM or PM): _____ AM PM to _____ AM PM

DESCRIPTION OF PLANNED WORK

_____
_____
_____
_____
_____
_____

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED DURING LBP REMOVAL

_____
_____
_____
_____
_____
_____

WASTE TRANSPORTER(S)

Transporter # 1

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Telephone _____

Project ID _____
Date _____
CL8

Transporter # 2
Company Name _____
Street Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Telephone _____

WASTE DISPOSAL SITE
Landfill Name _____
Street Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Telephone _____

PENNSYLVANIA CERTIFICATIONS
Inspector Name _____ Certification # _____
Risk Assessor Name _____ Certification # _____
Contractor Name _____ Certification # _____
Supervisor Name _____ Certification # _____

OWNER/OPERATOR CERTIFICATIONS

I hereby certify that an individual trained in the provisions of 40 CFR part 745 will be on-site during the lead-based paint abatement, as well as documentation that this person has received the training required by law. This documentation will be available for inspection during all normal working hours. I further certify that all work will be done in accordance with all applicable state and municipal rules and regulations.

Owner/Operator Name (Printed) _____ Title _____

Owner/Operator Name (Signed) _____ Date _____

I hereby certify that the foregoing statements and the information contained in this notification form are true. This certification is made subject to the penalties set forth in 18 Pa C.S. §4904 relating to unsworn falsification to authorities.

Owner/Operator Name (Printed) _____ Title _____

Owner/Operator Name (Signed) _____ Date _____

INSTRUCTIONS

This form must be mailed to the following address at least 5 working days (Monday-Friday) before the date that abatement will begin. The postmark on the envelope serves as proof of compliance with this requirement.

PA DEPARTMENT OF LABOR & INDUSTRY
CERTIFICATION, ACCREDITATION AND LICENSING DIVISION
ROOM 1623, L&I BUILDING
HARRISBURG, PA 17120

This notification requirement may be waived in emergency situations if approved by the Department. Call (717) 772-3396, between 8:00 AM and 5:00 PM, Monday-Friday, to obtain this waiver. If approved, a fully completed copy of this form must be faxed to the Department by 8:00 AM on the following business day.