

FOR L&I USE ONLY
Project ID: _____
Date: _____

LEAD ABATEMENT NOTIFICATION FORM
PLEASE TYPE OR PRINT NEATLY IN INK

Type of Notification	Please check one: Initial <input type="checkbox"/> Revision (Clearly notate on the form what is being revised) <input type="checkbox"/> Cancellation <input type="checkbox"/>
Emergency Notification	Call made to DLI office for Emergency Waiver? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", list the name of the approver and the date the approval was given: _____
Facility Description (A separate notification must be sent for each address, apt., suite #, or common area)	Building Name or Resident Name _____ Street Address _____ Apartment/Suite# _____ City _____ State _____ Zip Code _____ County _____ Building Size _____ (sq. ft.) No. of Floors _____ Present Use _____ Prior Use(s) _____ Will the building be occupied while abatement occurs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Abatement Contractor (Company/Supervisor cert info must be listed and must be valid at time of submission and throughout duration of project)	Company Name _____ Street Address _____ City _____ State _____ Zip Code _____ Contact Person _____ Telephone _____ Email _____ Company's PA Certification # _____ Exp. Date _____ Supervisor's Full Name _____ Supervisor's PA Certification # _____ Exp. Date _____
Facility Owner	Owner Name _____ Telephone _____ Street Address _____ City _____ State _____ Zip Code _____
Facility Inspection or Risk Assessment	Inspector/Risk Assessor Full Name _____ PA Certification # _____ Company Name _____ Telephone _____ Street Address _____ City _____ State _____ Zip Code _____ Date of Inspection/Risk Assessment (must be within one (1) year of Start Date) _____ Was any type of lead-based paint present? Yes <input type="checkbox"/> No <input type="checkbox"/> You must provide summary findings. Check off the procedures followed (below) and submit a copy of the signed Inspection/Risk Assessment results with this notification. XRF <input type="checkbox"/> Dustwipes <input type="checkbox"/> Visual <input type="checkbox"/> Other <input type="checkbox"/> If other, list procedures: _____
FOR L&I USE ONLY	Date Postmarked: _____ Date Received: _____

Operation Schedule of Abatement Project
 (including set up and final clearance)

Start Date _____ Completion Date _____
 Revised Start Date* _____ Revised Completion Date* _____
 Days of Week Mo Tu We Th Fr Sa Su
 Daily Hours of Operation: _____ AM PM to _____ AM PM
 *Revisions will only be accepted if received prior to the most recently approved Completion Date.

Project Description or Attach Company's Abatement Work Specs - Do Not Use Inspected Items List
 (attach a separate 8 1/2" x 11" sheet with this information if necessary)

***For revisions, clearly notate what is being revised/ abated during the revised Operation Schedule**

Description of Material (windows, doors, floors, etc.)	Location of Material (Room #, Floor #, or Area)	Amount/Unit	Abatement Type

Detailed Description of Planned Work/Scope of Work
 (or attach a copy of the Scope of Work only showing Lead Abatement activities)

As Well As Work Practices and Engineering Controls to be Used During LBP Abatement Work

Only Abatement activities, such as encapsulation, enclosure, and activities that will last at least 20 years, should be listed, not RRP:

Waste Transporter	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 _____
Owner/ Operator Signature	<p>I hereby certify that only individual(s) trained in the provisions of 40 CFR Part 745 will be onsite during the lead-based paint abatement. Required documentation verifying that this person(s) has received the training required by law will be available for inspection during all hours of abatement operation. I further certify that all work will be done in accordance with all applicable state and federal rules and regulations. 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.</p> <p>Owner/Operator Name (Printed): _____ Title: _____</p> <p>Owner/Operator Name (Signed): _____ Date: _____</p>
Filing Requirements	<p>This form must be mailed to the following address, faxed to 717-705-0196, or emailed to CALBOIS@pa.gov at least five (5) postal days (Monday-Saturday) before the date that abatement, including set-up, will begin. The postmark on the envelope, fax receipt, or email sent date serves as proof of compliance with this requirement. Any revisions to this notification must be submitted in accordance with the PA Lead Abatement Regulations, 34 Pa. Code §§ 203.10. No revision will be accepted after the completion date listed on this notification.</p> <p>PA Department of Labor & Industry Certification, Accreditation and Licensing Division 651 Boas Street, Room 1623 Harrisburg, PA 17121</p> <p>This notification requirement may be waived in emergency situations if approved by the Department. Call 717-772-3396, between 8:00 AM and 4:00 PM, Monday-Friday, to obtain this waiver.</p> <p>If approved, a fully completed copy of this form must be faxed or emailed to the Department by 8:00 AM on the following business day. The form must list the name of the individual who approved the emergency notification and the date the approval was given. If the form is not received by 8:00 AM the following morning, the approval is void.</p>