



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LEAD LICENSING PROGRAM
LEAD ABATEMENT PROJECT NOTIFICATION

GENERAL INFORMATION

You must mail a completed *Lead Abatement Project Notification* form at least ten (10) days prior to the onset of the lead abatement project (701.309, RSMo) (19 CSR 30-70.630).

A *Lead Abatement Project Re-Notification* form must be submitted 24 hours prior to any changes to this initial project notification.

A complete project notification must include:

1. The information required on this notification form; and
2. The lead abatement project notification fee of \$25.00; and
3. A copy of the Occupant Protection Plan pursuant to 19 CSR 30-70.630(7). (For projects in target housing or child-occupied facilities.)

- **Mail to: Missouri Dept. of Health and Senior Services, Attn: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102-0570.**
- Please type or print legibly.

PART A. PROJECT INFORMATION (additional pages may be attached)

PROJECT ADDRESS		CITY	ZIP CODE	COUNTY
PROPERTY OWNER(S) NAME	ADDRESS		TELEPHONE NUMBER	
FUNDING SOURCE AGENCY NAME	CONTACT PERSON		TELEPHONE NUMBER	
TYPE OF STRUCTURE BEING ABATED (Check All That Apply)				
<input type="checkbox"/> DWELLING (SINGLE FAMILY)		<input type="checkbox"/> BRIDGE, OUTDOOR STRUCTURE		
<input type="checkbox"/> DWELLING (MULTI-FAMILY)		<input type="checkbox"/> COMMERCIAL BUILDING (PLEASE DESCRIBE) _____		
<input type="checkbox"/> CHILD-OCCUPIED FACILITY (As Defined In 701.300(2), RSMo)		_____		
LEAD ABATEMENT PROJECT STRATEGY (Check All That Apply)				
<input type="checkbox"/> REPLACEMENT		<input type="checkbox"/> ENCLOSURE	<input type="checkbox"/> ENCAPSULATION	<input type="checkbox"/> REMOVAL
			<input type="checkbox"/> INTERIOR	<input type="checkbox"/> EXTERIOR
PROJECT START DATE		ESTIMATED PROJECT COMPLETION DATE		

LIST WORKING HOURS FOR EACH DAY OF WEEK BELOW: Example: 7 am – 5 pm

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

PART B. PROJECT PERSONNEL (additional pages may be attached)

LEAD ABATEMENT PROJECT CONTRACTOR (Company Name)		(Company Address)	
TELEPHONE NUMBER	CONTRACTOR LICENSE NUMBER	INSURANCE EXPIRATION DATE	
LEAD ABATEMENT PROJECT SUPERVISOR(S)			
NAME		LICENSE NUMBER	
LEAD ABATEMENT PROJECT WORKERS			
NAME	LICENSE NUMBER	NAME	LICENSE NUMBER

NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY THE LEAD ABATEMENT SUPERVISOR LISTED ABOVE.

I hereby certify that all of the information provided in this initial notification is complete and true to the best of my knowledge.

SIGNATURE OF LEAD ABATEMENT SUPERVISOR	DATE