MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
LEAD LICENSING PROGRAM
LEAD ABATEMENT PROJECT CONTRACTOR RE-NOTIFICATION
MODOT Project
Job #:________________

GENERAL INFORMATION – All parts must be filled out completely.

You must submit a completed Lead Abatement Project Contractor Re-Notification form twenty-four (24) hours prior to implementing any changes from the original project notification (19 CSR 30-70.640(3)).

- Submit form to the Lead Licensing Program by fax: (573) 526-0441 or email: Lead@health.mo.gov
- Please type or print legibly.
- Call 888-837-0927 with any questions
- Send a copy to MODOT Resident Engineer

PART A. PROJECT INFORMATION

<table>
<thead>
<tr>
<th>PROJECT PHYSICAL LOCATION (NAME OF ROAD, MILE MARKER, CROSS STREET, NAME OF WATER WAY ET C)</th>
<th>CITY AND COUNTY</th>
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<tr>
<th>LEAD ABATEMENT PROJECT CONTRACTOR (NAME AND ADDRESS)</th>
<th>TELEPHONE NUMBER</th>
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<tbody>
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PART B. PROJECT CHANGES (Please list all changes to the original project notification in the space below, i.e. new start date; new completion date; new working hours, different supervisor or worker, etc.)

**Type of changes being made (check all that apply and specify details below)**

- [ ] Changing start or end dates
- [ ] Project placed on temporary hold until: (date/ further notice)
- [ ] Starting/leaving early or late
- [ ] Project complete (date completed)
- [ ] Not working today only (date)
- [ ] Other changes:

**Specific details of changes (i.e.: Changing end date from 2/28/10 to 3/5/10; Will be leaving job at 2:30pm today (3/5/10)):**

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

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

SIGNATURE OF LEAD ABATEMENT SUPERVISOR

DATE

MO 580-2998 (10-12)