



Notification of Lead-Based Paint Abatement

This form must be completed and submitted a minimum of 5- business days prior to start of Lead-Based Paint abatement in order to comply with the notification requirements of OAC 252:110-5-1.

Is the property an Indian allotment or other Tribal property (see definition of Indian Country at 40 CFR 745.323)? Yes No

Type of Notification: Initial Amendment Cancellation

Contractor Information

Certified Lead Abatement Firm	Firm Email	Firm Certification #	()	Telephone #
Firm Business Address		City	State	Zip
Project Supervisor	Email	Certification #	()	Telephone #
Supervisor Business Address		City	State	Zip
Project Designer	Email	Certification #	()	Telephone #
Project Designer Mailing Address		City	State	Zip
Individual performing inspection	Email	Certification #	()	Telephone #
Inspector Mailing Address		City	State	Zip
Date inspection performed				

Property Information Single Family Multi-Family Child-Occupied Facility Other

Type of Dwelling (mark one):

Year Built				
Physical Address		City	State	Zip
Owner/Manager			()	Telephone #
Owner/Manager Mailing Address		City	State	Zip

Project Description

Is Abatement in response to an elevated blood lead level? Yes No (If Yes, please contact a lead-Based Paint team member at (405) 702-4100 for further instructions.)

Start Date _____ Completion Date _____

Work will be done: AM PM Weekends

Type of Abatement: Exterior Lead-Based Paint Interior Lead-Based Paint Soil

Method: Encapsulation Enclosure Removal Replacement

(Check all that apply)

Project Description Continued

Tools and Procedures Employed: Carpet Demolition Paving Wet Scraping Caustics
(Check all that apply)

Heat Gun Siding Other

If "other," please explain _____

Briefly describe project to be performed _____

Attach a copy of the Pre-abatement Plan/Project Design as prepared by the LBP Supervisor or Project Designer to this notification form.

Attach a copy of documentation providing evidence of an elevated blood lead level determination, if applicable.

Amendments (complete only if notification is an amendment or cancellation)

Initial Start Date: _____ Initial Completion Date: _____

Change Start Date to: _____ Change Completion Date to: _____

Please provide a brief explanation for amendment/cancellation: _____

Statement of Understanding

I hereby certify under penalty of law that this notification and any attachments contain neither willful nor negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in revocation or suspension of any LBP certification as well as civil and/or criminal sanctions.

I acknowledge that, in accordance with 40 CFR 745.227 and OAC 252:110, a post-abatement report must be completed by the Supervisor or Project Designer after completion of this abatement project. It should be maintained by the certified firm or individual who prepared the report for no fewer than 3 years and should include the following items:

- Start and completion dates of the abatement
- Name and address of each certified firm conducting the abatement and the name of each supervisor assigned to the abatement project
- Occupant protection plan
- Name, address, and signature of each certified risk assessor inspector conducting clearance sampling and the date of clearance testing
- Results of clearance testing and all soil analyses (if applicable) and the name of each recognized laboratory that conducted the analyses
- A detailed written description of the abatement, including abatement methods used, locations of rooms and/or components where abatement occurred, reason for selecting particular abatement methods for each component, and any suggested monitoring of encapsulants or enclosures.

Name (printed) _____

Signature _____ Date _____

Title _____

Mail original to:

**Department of Environmental Quality
Air Quality Division
P.O. Box 1677
Oklahoma City, OK 73101-1677
(405) 702-4100**