LEAD ABATEMENT NOTIFICATION FORM

SECTION A: TYPE OF NOTIFICATION (Check Original, Amended, or Cancellation of Notification and complete the appropriate information.)

☐ ORIGINAL NOTIFICATION: The DSHS Regional Office was notified by: ☐ Hand-Delivery ☐ Mail ☐ Fax ☐ E-Mail
Date Sent / / Time Sent: : am pm

☐ AMENDED NOTIFICATION No. ; OR

☐ CANCELLATION OF NOTIFICATION (can only be done at least 24 hours prior to the original start-date of project)

Yes ☐ No ☐ Was the Environmental Health Notifications Group (EHNG) in Austin notified by phone between 8:00 am and 5:00 pm Central Time of any project changes (amendments) or cancellations prior to the original start and/or stop date?
If yes, with whom did you speak with? ________________ Date: / / Time: : am pm

Yes ☐ No ☐ Was the original amended Notification form sent to the EHNG in Austin within 24 hours of the phone call?

Yes ☐ No ☐ Was the appropriate Regional Office notified by phone between 8:00 a.m. and 5:00 p.m. Central Time of any project date changes or cancellation prior to the original start and/or original stop date?
If yes, with whom did you speak with? ________________ Date: / / Time: : am pm

Yes ☐ No ☐ Was a copy of the amended notification sent to the appropriate Regional Office within 24 hours of the phone call?

Give a description of the reason for this amendment or cancellation:

☐ EMERGENCY NOTIFICATION (must be submitted as soon as practicable, but not later than the following work day after incident)

Yes ☐ No ☐ Was the emergency notification request made to the EHNG in Austin by phone?
If yes, what is the DSHS reference #: ________________ Date: / / Time: : am pm
Name of the DSHS representative in Austin with whom you spoke?

Yes ☐ No ☐ Was the appropriate Regional Office notified by phone?
If yes, what is the DSHS reference #: ________________ Date: / / Time: : am pm

Give a description of the reason for this emergency Lead Abatement Notification:

SECTION B: FACILITY INFORMATION

(Physical Address of Facility to be Abated) __________________________ (City) __________ (County) __________ (State) __________ (Zip Code) ____________

Type of Facility: ☐ Single Family Residential Home ☐ Multi-Family Dwelling ☐ Child-Occupied Facility
What type of Multi-Family Dwelling (i.e., apartment, duplex, etc.) or Child-Occupied Facility (i.e., daycare, elementary school, preschool, etc.)?

Name of Multi-Family Dwelling or Child-Occupied Facility:
Multi-Family Dwelling, No. of units to be abated: __________ No. of separate buildings: ________

(NOTE: A separate notification form is required to be submitted for each building.)
SECTION C: WORK SCHEDULE/DESCRIPTION OF WORK TO BE CONDUCTED  

☐ 1. Scheduled Dates and Times of Lead Abatement:
   Start Date: __/__/__ Stop Date: __/__/__
   Actual Work Days:  
   Working Hours: Time: ___ : ___ am ___ pm to Time: ___ : ___ am ___ pm

☐ 2. Detailed Description of Lead Abatement to be Conducted:
   ☐ Interior: ________________________________
   ☐ Exterior: ________________________________

SECTION D: PROJECT INFORMATION  

☐ 1. Facility Owner:
   Name of Owner of Facility: ________________________________
   (Mailing Address, if different from Facility Address)  (City)  (County)  (State)  (Zip Code)

☐ 2. Certified Lead Abatement Firm:
   Lead Abatement Firm Certification #: ________________________________
   Phone #: (___ ) ________________________________
   Name of Lead Abatement Firm: ________________________________
   (Mailing Address of Firm)  (City)  (County)  (State)  (Zip Code)

☐ 3. Certified Lead Abatement Supervisor:
   Lead Abatement Supervisor Certification #: ________________________________
   Phone #: (___ ) ________________________________
   Name of Abatement Project Supervisor: ________________________________
   Name of Lead Abatement Firm Affiliation (if different from above): ________________________________
   Lead Abatement Firm Certification # (if different from above): ________________________________
   Phone #: (___ ) ________________________________
   (Address of firm, if different from above)  (City)  (County)  (State)  (Zip Code)

☐ 4. Inspector/ Risk Assessor Who Conducted Inspection:
   Certification #: ________________________________
   Date of Lead Inspection: ___ / ___ / ___
   Name of Lead Inspector/ Risk Assessor: ________________________________

SECTION E: BILLING INFORMATION  

☐ Check only box below to indicate who should be billed and fill in the requested information.
   ☐ Certified Firm: ________________________________ Certification #: ________________________________
   ☐ Alternate Mailing Address (if different): Company Name: ________________________________
   (Address)  (City)  (County)  (State)  (Zip Code)

Do not send your Notification Fee with this form. An invoice will be sent to you for the amount due.

CERTIFICATION STATEMENT
I hereby declare that I have examined this notification and, to the best of my knowledge and belief, all information provided is complete, true, and correct. I affirm that I am the owner or authorized agent of the certified firm and that I am responsible for the fee associated with this notification. I also understand that the certified firm is responsible for notification to the department.

(Signature of Certified Firm’s Owner or Authorized Agent)  (Print Name)  (Title)  (Date)

(Employer Firm Name)  (Area Code)  (Phone Number)

QUESTIONS?? If you have questions or need assistance in completing this form, contact the Environmental Health Notifications Group in Austin at (512) 834-6770, ext. 2172 or toll-free in Texas at (888) 778-9440, ext. 2172.