

**LEAD ABATEMENT PROJECT NOTIFICATION**

West Virginia Bureau for Public Health / Office of Environmental Health Services  
Radiation, Toxics and Indoor Air Division  
350 Capitol Street  
Room 313  
Charleston, West Virginia 25301-3713  
Telephone (304) 558-2981 Fax (304) 558-0524

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notification fee \$60.00 attached \_\_\_\_yes \_\_\_\_no

Operator Project No. \_\_\_\_\_ **Office Use Only:** Postmark \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Check No. \_\_\_\_\_

Notification # \_\_\_\_\_

<b>Type of Notification</b>	Original _____	Revision (highlight changes) _____	Cancellation _____
<b>Type of Operation</b>	Demolition _____	Removal _____	Enclosure _____ Encapsulation _____ Cleanup _____
<b>Facility Owner / Project Location</b>			
Name _____			
Address _____ City _____ State _____ Zip _____			
Phone (____) _____ Fax (____) _____ Contact Person _____			
<b>Lead Abatement Contractor</b>			
Name _____ Lead Contractor License No. _____			
Address _____ City _____ State _____ Zip _____			
Contact _____ Phone (____) _____ Fax(____) _____			
Lead Project Designer _____ WV License No. _____			
<b>Building Inspection</b>			
Conducted by _____ WV Lead Inspector License No. _____ Inspection Date _____			
Lab _____ Analysis by _____			
Risk Assessment by _____ WV License No. _____			
<b>Schedule</b> Project Start Date ____ / ____ / ____ Completion Date ____ / ____ / ____			
Project Work Hours _____ Work days: M Tu W Th F Sat Sun (Circle)			
<b>Waste Transporter</b>			
Name _____ Address _____			
City _____ State _____ Zip _____ Phone (____) _____ Contact _____			
<b>Waste Disposal Site</b>			
Name _____ Address _____ City _____			
State _____ Zip _____ Phone (____) _____ Contact _____ ID# _____			
<b>Certification</b>			
I certify that the information contained in this notification is correct and that I am in compliance with WV Code 16-35, Lead Abatement Act and WV 64 CSR 45, Lead Abatement Licensing Rule.			
Signature of Owner/Contractor _____ Date _____			