



LEAD-BASED PAINT NOTIFICATION OF ABATEMENT

North Dakota Department of Health
Division of Air Quality
SFN 53479 (05/14)

I. Type of Notification **THIS NOTICE MUST BE SUBMITTED 10 DAYS BEFORE BEGINNING THE ACTIVITY**

<input type="checkbox"/> Original	<input type="checkbox"/> Revised	<input type="checkbox"/> Cancelled	Date: _____
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II. Type of Operation Present?

III. Is Lead-based Paint

<input type="checkbox"/> Abatement of child-occupied facility <input type="checkbox"/> Abatement of Residential Home <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, List Inspection Date (____/____/____)
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IV. Dates of Lead-based Paint Removal (MM-DD-YY) Start: _____ Stop: _____	V. Dates of Renovation (MM-DD-YY) Start: _____ Stop: _____
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VI. Facility Information (identify owner and operator, if applicable)

Owner Name			
Owner Address	City	State	Zip Code
Contact Person	Telephone Number		
Operator (if different than owner)			
Operator Address	City	State	Zip Code
Contact Person	Telephone Number		

VII. Facility Description (includes building name, number and floor or room number)

Building Name				
Building Address	City	State	Zip Code	County
Site Location (floor or room number(s))				
Building Size (Sq. Ft.)	Number of Floors	Age of Building/Year Built		
Present Use	Prior Use			

VIII. Lead-based Paint Abatement Contractor

Contractor Name	ND License Number
Contractor Address	City State Zip Code
Contact Person	Telephone Number

IX. Risk Assessor/Inspector Firm (Clearance report will be required to be sent to NDDoH)

Firm Name	ND License Number
Firm Address	City State Zip Code
Name of Risk Assessor/ Inspector	Telephone Number
Date of Clearance: Start date _____ End Date: _____	

X. Approximate Amount of Lead-based Paint Debris:

	Approximate Amount of Lead-based Paint to be Removed	Lead-based Paint Containing Material to be Removed
Surface Area (Sq. Ft.)		
Soil Area (Sq Ft or Ton)		

XI. Testing Procedure for Determining Lead-based Paint Material:

XRF Lab Analysis Other
 Paint Chip Sample Assumed Lead-based paint

XII. Description of LBP Work Practices and Engineering Controls to Prevent Lead-based Paint Emissions (check all that apply)

Adequately Wet Materials Demolition Seal in Leak Tight Containers Encapsulate Work area delineated
 Negative Air Containment Seal in Leaktight Wrapping Mini-enclosure Visual Clearance Dust-wipe Clearance
 Other: _____

XIII. Description of Planned Renovation Work (Component removal, stripping removal, etc.)

XIV. Waste Transporter

Name			
Address	City	State	Zip Code
Contact Person		Telephone Number	

XV. Waste Disposal Site Lead Debris

Name	Permit Number	Telephone Number	
Address	City	State	Zip Code

XVI. If Abatement was Ordered by Government Agency, Identify the Agency and Attach a Copy of the Order

Name	Title	Telephone Number
Authority/Agency	Date of Order (MM/DD/YY)	

XVII. General Comments

XX. I certify to the best of my knowledge that the above information is true and correct. I further certify that all lead-based paint abatement work on this project will be performed by individuals certified in accordance with the North Dakota Air Pollution Control Rules 33-15-24

Signature of Owner/Operator

Date

Return form to:

**North Dakota Department of Health
 Division of Air Quality, 2nd Floor
 918 East Divide Avenue
 Bismarck, ND 58501-1947
 Telephone: 701.328.5188
 Fax: 701.328.5185 (If faxing, original copy must be mailed)**

Additional information can be found on the website at: <http://www.ndhealth.gov/AQ/IAQ/LBP>