



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LEAD LICENSING PROGRAM
LEAD ABATEMENT PROJECT CONTRACTOR NOTIFICATION

MODOT Project

Job #: _____

GENERAL INFORMATION – All parts must be filled out completely.

You must submit a completed *Lead Abatement Project Contractor Notification* form ten (10) business days prior to the onset of the lead abatement project (701.309, RSMo; 19 CSR 30-70.640).

A *Lead Abatement Project Contractor Re-Notification* form must be submitted if there are any changes to this initial project notification.

A completed project notification includes:

1. The information requested on this notification form
 2. The lead abatement project contractor notification fee of \$25.00
- Mail to: Missouri Department of Health and Senior Services, Attn: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102-0570.
 - Please type or print legibly.
 - Send copy to MODOT Resident Engineer

PART A. PROJECT INFORMATION (additional pages may be attached)

PROJECT PHYSICAL LOCATION (NAME OF ROAD, MILE MARKER, CROSS STREET, NAME OF WATER WAY ETC.)	CITY, COUNTY
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WHO IS YOUR MODOT CONTACT, RESIDENT ENGINEER	MODOT CONTACT TELEPHONE NUMBER
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TYPE OF STRUCTURE BEING ABATED (CHECK ALL THAT APPLY)

BRIDGE OVER ROADWAY/RAILWAY

BRIDGE OVER WATER

OTHER _____

PROJECT STRATEGY (CHECK ALL THAT APPLY)

ENCAPSULATION REMOVAL REPLACEMENT OTHER:

PROJECT START DATE	ESTIMATED PROJECT COMPLETION DATE
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LIST WORKING HOURS FOR EACH DAY OF WEEK BELOW: Example (7AM-5PM)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

PART B. PROJECT PERSONNEL (additional pages may be attached)

LEAD ABATEMENT PROJECT CONTRACTOR (NAME AND ADDRESS)	TELEPHONE NUMBER	CONTRACTOR LICENSE NUMBER
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LEAD ABATEMENT PROJECT SUPERVISOR(S)	
NAME	LICENSE NUMBER

LEAD ABATEMENT PROJECT WORKERS			
NAME	LICENSE NUMBER	NAME	LICENSE NUMBER

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

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

SIGNATURE OF LEAD ABATEMENT SUPERVISOR	DATE

Reviewed by MoDOT Resident Engineer: _____ (Initials)	DATE
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