

This form may be completed online and mailed to the address listed below.

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH – LEAD BASED PAINT PROGRAM**

LEAD ABATEMENT PROJECT NOTIFICATION

General Instructions: All firms proposing to engage in a lead-based paint abatement project affecting the permanent elimination of lead-based paint hazards, must complete this form.

Firms subject to certification must sign the Verification in Part B.

Any project notification that is incomplete or provides inaccurate information will be deemed in violation of 178 NAC 23-008.

Provide a separate notification for each building where a lead abatement project is to be performed. Reproduce additional copies of this form as needed.

If the lead abatement project of a certified firm is equal to or greater than one hundred square feet or any combination of a volume which is equal to or greater than one hundred square feet, enclose the project review fee required by 178 NAC 23-008 by check or money order payable to the Nebraska Department of Health & Human Services Division of Public Health – Lead-Based Paint Program.

Mail by certified mail, return receipt requested or hand deliver the original completed Lead-Based Paint Abatement Project Notification Form and fee, if applicable, to the following address:

Lead-Based Paint Program Manager
Nebraska Department of Health & Human Services
Division of Public Health Environmental Health Unit
Office of Environmental Health Hazards and Indoor Air
Lead-Based Paint Program
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509-5026

THIS FORM MUST BE SUBMITTED TEN WORKING DAYS IN ADVANCE OF THE PROJECT START.

Form 5 Instructions

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH – LEAD-BASED PAINT PROGRAM**

**LEAD ABATEMENT PROJECT NOTIFICATION
PART A - GENERAL INFORMATION**

1. Name of firm: _____
Address Street: _____
City: _____ State/Zip: _____
Contact Person: _____ Phone: _____

2. Building Owner _____
Address Street: _____
City: _____ State/Zip: _____
Contact Person: _____ Phone: _____

3. Project Building Name: _____
Address: _____
City: _____ State/Zip: _____

4. Location (s) in Building where Project will occur and amount of lead to be abated in each location: (i.e., basement, 2 rooms in southwest corner baseboard, window frames; second floor, room 15, ceiling paint finish)

4b. Total Project Size _____

5. Work Schedule:
Start date _____ Finish date _____ Work Schedule Hours: _____
Check the days you will be working on this project:
M T W Th F Sat. Sun.

6. Type of Abatement: _____

7. Names and ages of all individuals dwelling in the residential property or occupying the facility.

8. Has this project site undergone a risk assessment? (yes or no)? _____
A. Assessment performed by _____
B. Target Housing? (yes or no)? _____

PART B
VERIFICATION FOR CERTIFIED FIRMS

Note: The chief executive officer of the certified firm must sign the following statement. Submit the original to the Department.

I hereby verify that the information included in this notification and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding.

I further verify that I will comply with all work practices and worker protection requirements of the Nebraska Residential Lead-Based Paint Professions Certification Act and Departmental regulations.

Date

Signature of Chief Executive Officer

Print or Type Name

Title