



NOTIFICATION OF LEAD-BASED PAINT ABATEMENT ACTIVITIES

Important: Only a representative of the certified firm may complete this form. If you have questions about this form, please call the Healthy Homes and Lead Poisoning Prevention Program at 302-744-4546.

Please type or print responses in black or blue ink only.

A. Type of Notification Please indicate the type of notification. An updated notification must be submitted if work will be begun on a date other than that reported on an original notification.

- Original
- Updated
- Cancellation

B. Emergency Notification No Yes. If yes include documentation showing evidence of an elevated blood lead level determination or a copy of the emergency abatement order.

C. Activity Start and End Dates Specify the dates you will begin and end lead-based paint activity.

If necessary, estimate the end date using your best professional judgment. Start date: _____ End date: _____
Month/Day/Year Month/Day/Year

D. Description of Activity This section relates to the building where abatement work will be performed.

Type of Building: Single Family Dwelling Multi-Family Dwelling Child-Occupied Facility

Property name (if applicable): _____

Property address, including apartment and/or unit number(s):

Street Address City State Zip Code

Square footage/acreage to be abated: _____

Please print or type a brief description of abatement project to be performed. (Enclose additional paper if necessary.)

E. Firm Information

Name: _____ Firm's Delaware Certification Number: _____
Print

Address: _____
Street Address City State Zip Code

Phone Number: _____

F. Certified Supervisor's Information

Name: _____
Print: Last Name First Name

Delaware Certification Number: _____

G. Firm Affirmation Please note that this form is incomplete without a signature.

I hereby attest and affirm that the information included on this notification form is true and accurate to the best of my belief and knowledge. I acknowledge that any approval authorized pursuant to this notification will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the approval.

Name: _____ Title: _____
Print: Last Name First Name

Signature: _____ Date Signed: _____