



LEAD ABATEMENT PROJECT NOTIFICATION

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Air

Kansas Residential Lead Hazard Prevention Program

1000 SW Jackson Street, Suite 310, Topeka, KS 66612

Toll free: (866) 865-3233 Fax: (785) 599-4246 Email: kdhe.lead@ks.gov



GENERAL INFORMATION

You must submit a completed *Lead Abatement Project Notification* form to KDHE at least **ten business days (10)** before the onset of a lead abatement project. A *Lead Abatement Project Re-Notification* must be submitted if there are **any** changes to this initial project notification.

A **completed project notification** includes the following:

- The information requested on this form; and
- The nonrefundable lead abatement project fee (1% of each project or \$50, whichever is greater), payable to KDHE; and
- A copy of the contract, showing the dollar amount for this project; and
- A copy of the detailed work plan that includes specific dates and times of abatement activities, which are unique to each project; and
- A copy of the Occupant Protection Plan, which is unique to each project.

Please type or print legibly. Form and documents may be mailed, faxed or emailed.

Mail the completed project notification to: Kansas Department of Health and Environment
 Kansas Residential Lead Hazard Prevention Program
 1000 SW Jackson Street, Suite 310
 Topeka, KS 66612-1274

KDHE USE ONLY	
Date	
Application	
Contract	
Work Plan	
Payment	

PART A: PROJECT INFORMATION (Additional pages must be attached, including all locations of structures being abated.)

Project Address (Street)		City	State	Zip	County
Property Owner Name	Address	City	State	Zip	Telephone Number
Lead Activity Firm Name	Address	City	KDHE License # / Expiration		Telephone Number

Total Cost of Project \$ _____ 1% Fee \$ _____ or \$50.00 (Attach the contract and submit the greater of 1% or \$50.00 for the project fee.)

Type of structure being abated (Check all that apply):

- Dwelling - Single Family
- Dwelling - Multi-Family (as described in K.A.R. 28-72-1m)
- Child-occupied facility (as described in K.A.R. 28-72-1c(b))
- Other structure(s), describe _____

Lead Abatement Strategy (Check all that apply):

- Replacement
- Enclosure
- Encapsulation
- Removal

Residents will be:

- Present during work hours
- Absent during work hours
- Relocated during project
- Property is vacant

Project Start Date: _____ Estimated Project Completion Date: _____ Project Work Hours: _____

Attach a detailed work plan that includes specific dates and times of abatement activities. If changes occur to the dates or times listed, notify KDHE at least 24 hours in advance of change. Changes caused by weather conditions do not require notice.

PART B: PROJECT PERSONNEL (HUD FUNDED projects require ALL workers to be Certified Renovators.)

Lead Abatement Project Supervisor(s): Attached additional sheet if necessary.

Name	KDHE Certificate # / Expiration Date	Name	KDHE Certificate # / Expiration Date
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Lead Abatement Project Worker(s): Attached additional sheet if necessary.

Name	KDHE Certificate # / Expiration Date	Name	KDHE Certificate # / Expiration Date
Name	KDHE Certificate # / Expiration Date	Name	KDHE Certificate # / Expiration Date

PART C: CERTIFICATION (Must be signed by the Lead Abatement Project Supervisor(s) listed above.)

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

SIGNATURE OF LEAD ABATEMENT SUPERVISOR	DATE
SIGNATURE OF LEAD ABATEMENT SUPERVISOR (if more than one)	DATE

Credit Card Authorization

If you would like to pay for the fee with a credit card, please complete the information below.
Cards accepted are VISA, MASTERCARD, and DISCOVER.

Credit Card Type: Visa Mastercard Discover

Card Number		Expiration Date (Month/Year)	
Card Holders Name as it appears on the Card			
Billing Address for the Card			
City		State	Zip
Telephone Number		Email address to send receipt of transaction	

Total Amount to be charged to card: \$ _____

Signature Authorizing Credit Card Transaction: _____

Printed Name of Authorizing Individual: _____