



LEAD ABATEMENT PROJECT RE-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

KDHE must receive a completed *Lead Abatement Project Re-Notification* form no later than twenty-four (24) hours prior to the commencement of the lead abatement project.

Lead Project Identification Number (provide ID #) _____

Please type or print legibly. Form and documents may be mailed, faxed or emailed. Mail the completed form 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	
Changes Noted	

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

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

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

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 # and Expiration Date	Name	KDHE Certificate # and Expiration Date

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

Name	KDHE Certificate # and Expiration Date	Name	KDHE Certificate # and Expiration Date
Name	KDHE Certificate # and Expiration Date	Name	KDHE Certificate # and Expiration Date

PART C: PROJECT CHANGES *(List any changes to the original Project Notification in the space below.)*

PART D: 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