



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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