



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LEAD LICENSING PROGRAM
LEAD ABATEMENT PROJECT FUNDING AGENCY NOTIFICATION

MODOT Project
 Job #: _____

GENERAL INFORMATION – All parts must be filled out completely.

You must submit a completed *Lead Abatement Project Funding Agency Notification* form ten (10) days prior to the onset of the lead abatement project (701.313, RSMo).

A completed project notification includes the information requested on this notification form.

Form can be mailed to: Missouri Department of Health and Senior Services, Attn: Lead Licensing Program, P.O. Box 570, Jefferson City, MO 65102-0570,

Scanned and Emailed to: Lead@health.mo.gov

or

Faxed to: (573) 526-0441

PROJECT INFORMATION (additional pages may be attached)

PROJECT PHYSICAL LOCATION (NAME OF ROAD, MILE MARKER, CROSS STREET, NAME OF WATER WAY ETC)	CITY AND COUNTY
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MODOT RESIDENT ENGINEER (NAME, TELEPHONE AND EMAIL)

TYPE OF STRUCTURE BEING ABATED (CHECK ALL THAT APPLY) <input type="checkbox"/> BRIDGE OVER ROADWAY/RAILWAY <input type="checkbox"/> BRIDGE OVER WATERWAY <input type="checkbox"/> OTHER _____
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PROJECT STRATEGY (CHECK ALL THAT APPLY) <input type="checkbox"/> ENCAPSULATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> OTHER:

PROJECTED START DATE	ESTIMATED PROJECT COMPLETION DATE
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LEAD ABATEMENT PROJECT CONTRACTOR (NAME AND ADDRESS)	TELEPHONE NUMBER
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	CONTRACTOR LICENSE NUMBER
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CONTRACTOR CONTACT PERSON (NAME AND PHONE #)	
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NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY THE RESIDENT ENGINEER.

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 MODOT REPRESENTATIVE 	DATE
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