

Lead Project Notification

State of Maine
 Department of Environmental Protection
 Lead & Asbestos Hazard Prevention Program
 17 State House Station, Augusta, ME 04333
 TEL (207) 287-7688 FAX (207) 287-6220

FORM L

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Revised 2016

Important Notice: The notification submitter must send a complete notification at least 5 working days prior to the start of the abatement project. This notification must be typewritten or easily legible. An incomplete notification is not acceptable & therefore not of record. **Submit only one Project Notification Form per physical address (even when multiple abatements occur).**

1. Building Location (Where abatement is to take place)

Physical Address _____ City _____ Zip _____

2. Project Type

- DHHS (A) Other HUD (G)
 MSHA (B) Private (E)
 Other _____

3. Building Description

- Single Family (E) Daycare (D)
 Multi-family Rental (F)
 Other _____

4. Waiver

- Non Standard Work Practices
 Notification Timeframe Waiver

5. Facility Owner

Name _____
 Address _____
 City _____ State _____ Zip _____
 Contact _____
 TEL _____ FAX _____

6. Abatement Contractor

Name _____
 Address _____
 City _____ State _____ Zip _____
 Contact _____
 TEL _____ FAX _____

7. Scheduled Dates for Abatement Projects

Project Start Date _____
 Project Completion Date _____

8. Project Work Schedule

Work Hours _____AM to _____PM
 Weekdays ____M ____T ____W ____T ____F
 Weekend ____Sat ____Sun

9. Abatement Methods and Alternative Work Practices (Check all that apply)

Interior

Exterior

Complete Paint Removal	Complete Paint Removal
Component Removal	Component Removal
Enclosure	Enclosure
Encapsulation	Encapsulation
Window Removal	Window Removal
Door Removal	Door Removal
Remove Storm Windows during abatement	Porch or Deck Removal

Remember.

ME DEP USE ONLY

Postmark/ FAX/ hand-delivered/ e-mail _____
 Date Received _____
 Waiver _____

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12. Building Location (as listed on page 1)

Physical Address _____ City _____

13. Notification Timeframe Waiver Request (must be received by MEDEP at least 24 hours prior to the start of the project)

Complete when a waiver to the standard notification period is requested.

Detailed Explanation _____

14. Request for Non-Standard Work Practices

Provide written justification that presents clear & convincing evidence that the lead abatement project is distinctive in some way & the proposed alternative(s) to required work practices will comply with the intent of State law & rules (including the use of any mini-booths). Written Department approval is required prior to implementation of non-standard work practice(s).

List proposed work practice alternatives

Reasons for Non-Standard Work Practices (Explain in detail, add an attachment if needed)

15. Lead Abatement Design Consultant/Supervisor for Occupant Protection Plan

Name: _____ ME Certification #LD/LS _____

Company: _____ LD/LS Cert. Expiration Date _____

16. Lead Abatement Design Consultant of Record

Name: _____ ME Certification #LD _____

Company: _____ LD Cert. Expiration Date _____

Not Applicable

17. Non Household Waste Disposal

Household Waste Stream

Name _____ Address _____

City _____ State _____ Zip _____ Contact: _____

Signature (Items #13 and #14) _____

Print Name _____

Date _____

MEDEP Action on Notification Waiver or Non-Standard Work Practice Request

APPROVED DISAPPROVED (by) _____ (date) _____
