

Lead-Based Paint Program

## **5-Day Notification** of Lead Abatement Activity

Mail to: Commerce LBP Program	Forms a	available at: ww	w.commerce.wa.gov/lead
PO Box 42525 Olympia, WA 98504-2525			Fax to: 360-586-0489
TYPE OF NOTIFICATION: (Check one)            Original 5-Day Notification             Notification of Update             Update #             1	cation (EBL Only) elevate tribal c	ed blood lead leve	s must include proof of el or federal, state, ry abatement order. Notification
Original Start Date:	Anticipated Stop Date:		
Updated Start Date:	Updated Stop Date:		
FIRM CONTACT INFORMATION:       FAX # for Commerce Response			
Firm Name:		Firm Cert. #	
Address:		Phone:	
City, State, Zip:			
Supervisor/Project Designer Name:		Ind. Cert. #	
PROJECT INFORMATION:			
Project Address:		County:	
City, State, Zip Code:			
Occupancy Status: Occupied Unoccupied Unknown			
Property Type:	🗌 Daycare 📄 Schoo	I 🗌 Other	
If multi-family, number of units being abated:	other" describe:		
ABATEMENT INFORMATION:			
Check applicable abatement types and provide requeste	d information.		
Interior Surfaces Approximate Square/Linear Footag	e		
List surfaces/components being abated:			
Describe abatement methods: (i.e. enclosure, removal, etc)			Page 1 of 2

ABATEMENT INFORMATION
(Continued):
List surfaces/components being abated:
Describe abatement methods: (i.e. enclosure, removal, etc)
Soil Abatement Approximate Square/Linear Footage
Describe abatement methods: (i.e. removal, covering, etc)
WORK PRACTICES/CONTAINMENT:
Describe the work practices and engineering controls you will use on this project to prevent lead-based paint contamination:
WASTE HANDLING:
Describe the waste handling methods you will use on this project to avoid contamination and ensure proper disposal of waste:
CERTIFICATION:
I certify that the firm and its employees performing lead-based paint activities on this project are certified and licensed as required by Washington Administrative Code 365-230. I also certify that the information provided on this notification is true and accurate to the best of my knowledge.
Signature: Date:
Printed Name: Title:
This form must be completed and submitted to the Commerce Lead-Based Paint Program by fax or US mail* no less than five business days prior to start date. *See instructions for submittal options.
LBP Program Use Only Received on: Reviewed by:
File Number: Accepted Rejected
Reason rejected: Page 2 of 2