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 Email: ALNotifications.DEP@maine.gov

FORM I

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<u>Important Notice</u>: 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).**

Building Location (Where abatement is to take place)				
Physical Address	City		Zip	
2. Project Type	3. Building Descrip	tion	4. Waiver	
□ DHHS (A) □ Other HUD (G)	☐ Single Family (E)	□ Daycare (D)	☐ Non Standard Work Practices	
☐ MSHA (B) ☐ Private (E)	☐ Multi-family	☐ Rental (F)	☐ Notification Timeframe Waiver	
□ Other	□ Other			
5. Facility Owner		6. Abatement Contra	actor	
Name		Name		
Address		Address		
City State	Zip		State Zip	
Contact		Contact		
TEL FAX		TEL FAX		
7. Scheduled Dates for Abatement Projects	3	8. Project Work Schedule		
Project Start Date		Work HoursAM toPM		
Project Completion Date		WeekdaysMTF		
		WeekendSatSun		
9. Abatement Methods and Alternative Wor	k Practices (Check a	Il that apply)		
Interior			Exterior	
Complete Paint Removal		Complete Pai		
Component Removal		Component Removal Enclosure		
Enclosure Encapsulation		Encapsulation		
Window Removal		Window Removal		
Door Removal		Door Removal		
Mini-enclosure (mini-booth)		Mini-enclosure (mini-booth)		
Remove Storm Windows during abatement		Porch or Deck Removal		
Remember			ME DEP USE ONLY	
original notification		Postmark/ FAX/ hand-delivered/ e-mail Date Received		
Submit page 3 only as needed.		Waiver		

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10. Building Location (as listed on page 1)

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Physical Address	City	
Instruct	ions for assigning Abatement F	Project Codes:
buildings, each apartment, common area and	ch abatement project occurring within building exterior shall be assigned a stand-alone facilities, separate Abate	d Abatement Contractor shall assign a unique a building at a physical address. In multi-family separate Abatement Project Code where abatement ment Project Codes shall be assigned for the interior
Abatement Project Codes	Apartment, Unit or Area	ME DEP LANS ID
11. Certification (Notification Submitted by	<i>(</i>)	
I certify that to the best of my knowledge, tabatement contractor will be/has been con		otification is true and accurate, and that the lead es as required by 06-096 CMR 424.
Signature	P	rint Name
Date	-	
Mailing Address		
City	State	Zip
TEL	FAX	_

Important Notice to Lead Abatement Contractors

- A weekly updated schedule for each lead abatement project shall be faxed to the Department each Monday morning until the lead abatement project is complete.
- Lead Abatement Contractors are expected to be on-site for all work days for the dates set forth in this notification. The Contractor must notify the Department no later than 24 hours prior to any change in schedule.
- Whenever there is a lapse in abatement activity at a project site of more than 10 days, a new project notification must be submitted to the Department.

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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. 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)
Signature (Items #13 and #14) Print Name
Date
MEDEP Action on Notification Waiver or Non-Standard Work Practice Request
□ APPROVED □ DISAPPROVED (by) (date)