

### LEAD ABATEMENT NOTIFICATION

NOTIFICATION TYPE:  ORIGINAL  REVISION  EMERGENCY  CANCELLATION

<b>PROPERTY INFORMATION</b>		For DHS Use Only – Notice Number:	
Type	<input type="checkbox"/> Single-Family Dwelling <input type="checkbox"/> Multi-family Dwelling, Number of Units: _____	<input type="checkbox"/> Daycare/Preschool <input type="checkbox"/> K-12 School	<input type="checkbox"/> Registered Lead-Safe Property
Street Address	Unit Number(s)	City	
Contact Person	Phone Number		
Owner	Phone Number		

<b>PROJECT DETAILS</b>			
Lead Abatement Type <input type="checkbox"/> Ordered abatement <input type="checkbox"/> Federally funded abatement <input type="checkbox"/> Property applying for lead-free or lead-safe certificate <input type="checkbox"/> All other abatement		Building Occupancy During Abatement <input type="checkbox"/> Occupied by residents and/or personal items <input type="checkbox"/> Vacant	
Areas Affected <input type="checkbox"/> Interior, Number of Rooms: _____ <input type="checkbox"/> Exterior, Estimated Area: _____ ft <sup>2</sup> <input type="checkbox"/> Windows, Quantity: _____	Restricted Practices Planned <input type="checkbox"/> Removing components (such as windows) <input type="checkbox"/> Abrasive blasting or sandblasting <input type="checkbox"/> Power washing <input type="checkbox"/> Paint stripping <input type="checkbox"/> Machine chipping, grinding, planing, or sanding <input type="checkbox"/> Use of heat gun		
Project Start Date (mm/dd/yy)	Project End Date (mm/dd/yy)		
Work Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Work Shift(s): <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>			
Risk Assessment Date (mm/dd/yy)	Investigator Name	Investigator DHS No.	<input type="checkbox"/> No risk assessment

<b>CONTRACTOR INFORMATION</b>			
Company Name		DHS Company Number	
Mailing Address	City	State	Zip Code
Contact Person	Phone Number		

<b>SIGNATURE</b>		
As a certified lead abatement supervisor and authorized representative for the certified lead company above, I certify that, to the best of my knowledge, the information on this form is true and correct.		
_____	LCS - _____	_____
<b>SIGNATURE</b> – Lead Abatement Supervisor	DHS No.	Date Signed

**QUESTIONS? CALL 608-261-6876.**

Fax this form to 608-266-9711 or email to [dhsasbestoslead@wi.gov](mailto:dhsasbestoslead@wi.gov) no less than 2 working days before starting the project.

Notifications may be mailed or submitted in person to:

Department of Health Services  
Lead and Asbestos Section  
1 W Wilson St, Rm 137  
Madison WI 53703-3445