NOTIFICATION OF LEAD ABATEMENT ACTIVITIES

State Form 49150 (R10 / 2-21)
INDIANA DEPARTMENT OF HEALTH

INSTRUCTIONS:

1. *This State form, 49150 must be used to notify of lead abatement activities pursuant to 410 IAC 32. If accessing this form on-line at the URL listed above, you may print the blank form and fill it out by hand for submission with original signatures.*
2. *Submit **one** notification form for **each project** for which you are seeking approval. The cost is $ 50.00 per notification.*
3. ***Please type or print in ink.***
4. *Return this form, required addenda, and check or money order made payable to "IDH Lead and Healthy Homes Program" by mail to:*
   Indiana Department of Health
   Attention: Lead and Healthy Homes
   2 North Meridian Street, 6th Floor
   Indianapolis, Indiana 46204
5. *Notification is only required when a project's activities are designed to permanently eliminate Lead based paint hazards.*
6. *Section I: Type of Notification-410 IAC 32-4-6*
   - *A. If this is the original notice, please check the appropriate space on the notification form.*
   - *B. If this is a revised notice, please check the appropriate space on the notification form. The revised notice must be postmarked at least 5 working days or delivered at least 2 working days before the start date of lead abatement activity. Facsimiles will be accepted by the IDH.*
   - *C. All revisions must include a copy of the notice being revised.*
   - *D. If this is a cancelled notice, please check the appropriate space on the notification form.*
   - *E. Courtesy Notification.*
7. *Section II: Facility Information-410 IAC 32-4-6(1)(D)*
   - *A. Either the owner or operator must submit the notice.*
   - *B. The owner means the individuals(s) who own the property or lease the property.*
   - *C. The operator means the lead abatement contractor.*
   - *D. Specify the name, address, telephone number, Indiana license number and license expiration date, of the:*
     1. *lead abatement contractor; and 2.the risk assessor or lead inspector who conducted the inspection prior to abatement*
8. *Section III: Type of Operation-410 IAC 32-4-6(2)(D)*
   - *A. Refer to the definitions of encapsulation, enclosure and emergency abatement in 410 IAC 32-1.*
   - *B. Owner/Operator must also complete Section XIII of notification form.*
9. *Section IV: Procedures, Including Analytical Methods Used To Detect the Presence and Amounts of Lead Based Paint.-410 IAC 32-4-6(2)(F)*
10. *Section V: Approx. Amounts of Lead To Be Removed - 410 IAC 32-4-6(2)(G)*

    Specify the amount of Lead Based paint to be removed in terms of linear feet or square feet on facility components.
11. *Section VI: Scheduled Dates of Lead Based Paint Removal - 410 IAC 32-4-6(2)(I)*

    This means the actual start and end date of lead-based paint hazard remediations in the work area.
12. *Section VII: Facility Description - 410 IAC 32-4-6(2)(E) and (H)*

    Provide enough detail that an unfamiliar inspector can find the abatement without asking anyone.
13. *Section VIII: Description of planned activity work to be performed and methods to be employed - 410 IAC 32-4-6(2)(J)*

    Briefly describe the methods to be used such as encapsulation, enclosure, heat scrapping, etc., list the affected facility components such as doors, windows, and floors.
14. *Section IX: Description of work practice and engineering controls to be used - 410 IAC 32-4-6(2)(K)*

    Examples of work practices and engineering controls to prevent lead emissions at the site would include: the use of water or wetting agents, containments, and negative air units during removal; daily clean up, placing waste into leak tight containers and secure storage.
15. *Section X: Description of procedures to be followed in the event that unexpected lead-based paint becomes a lead based hazard and warrants immediate action. 410 IAC 32-4-6(2)(O)*

    Procedures could include any steps taken to immediately minimize exposure potential. A notification would need to be given as early as possible, but not later than the following work day.
16. *Section XI: Emergency lead abatement- 410 IAC 32-4-6(2)(O)*

    Specify:
    1. *The date that the emergency occurred,*
    2. *a description of the sudden unexpected event, and*
    3. *an explanation of how the event causes a lead-based paint hazard and warrants immediate action.*
17. *Section XII: Certification Statement and Signature by Owner/Operator-410 IAC 32-4-6(2)(M)*

    Self-explanatory.

Reset Form

INDIANA DEPARTMENT OF HEALTH
LEAD AND HEALTHY HOMES PROGRAM
State Form 49150 (R10 / 2-21)

Notification of Lead Abatement Activities

NOTIFICATION OF LEAD ABATEMENT ACTIVITIES

I. Type of Notification *(check one)*: ☐ **Original** ☐ **Revised*** ☐ **Cancelled** ☐ **Courtesy**

**** Must include copy of notification which is being revised.***

REMEMBER: EPA Renovator Certification is required for all non-abatement renovation activities in target housing and/or child-occupied facilities [40 CFR 745].

II. General Information (*Identify owner, property address, lead activities contractor, lead inspector, risk assessor.*)

Property Owners Name: _____

Property Owners Address: _____ **City:** _____

State: _____ **ZIP:** _____ **Contact Name:** _____ **Telephone:** _____

Lead Abatement Contractor: _____

Address: _____ **City:** _____

State: _____ **ZIP:** _____ **Contact Name:** _____ **Telephone:** _____

Indiana Contractor License Number: _____ **Expiration Date *(month, day, year)*:** _____

FAX number: _____ **E-mail Address:** _____

☐ ***Check here if you want a copy of the abatement notice letter mailed to you instead of faxed or sent by e-mail.***

Lead Inspector or Risk Assessor Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Indiana License Number: _____ **Expiration Date *(month, day, year)*:** _____

Telephone: _____

III. Type of Operations to be used on this site *(check all that apply)*:

☐ **Interior** ☐ **Wet Stripping** ☐ **Encapsulation** ☐ **Exterior** ☐ **Dry Stripping** ☐ **Enclosure** ☐ **Emergency**

IV. Procedures used to detect the Presence and Amount of Lead:

☐ **XRF Report** ☐ **Paint Chip Analysis** ☐ **Other:** _____

V. Approximate amount of lead-based paint affected:	**VI. Scheduled dates of lead-based paint removal:**
Linear Feet:	**Start Date *(month, day, year)*:**
Surface Area *(square feet)*:	**Completion Date *(month, day, year)*:**

VII. Property Description: ☐ **Child-occupied Facility** ☐ **Target Housing** ☐ **Other:** _____

Work Site Address: _____ **City:** _____ **, IN ZIP Code:** _____

Affected component or portion of facility: _____

_____

_____

Exact activity location(s): _____

_____

_____

Number of floors: _____ **Age of structure:** _____ **Present use:** _____

VIII. Description of planned activity work to be performed and methods to be used:

_____

_____

_____

_____

IX. Description of work practices and engineering controls to be used to comply with this rule:

_____

_____

_____

_____

X. Description of procedures to be followed in the event that unexpected lead-based paint becomes a lead hazard and warrants immediate action: _____

_____

_____

_____

XI. For Emergencies Only:

Explanation of how the event caused a lead hazard and warranted immediate action: _____

_____

_____

_____

XII. I hereby certify that the information in this notification is correct and that I will only use Indiana-licensed workers and project supervisors, to implement this lead abatement activity, which have been trained under 410 IAC 32; 40 CFR 745. The trained individual(s) along with evidence that the required training was accomplished shall be available at the job site during actual work hours.

_____ _____

Owner / operator (*signature*) **Date (*month, day, year*)**

_____ _____

Owner / operator (*printed*) **Affiliation**