

LEAD

**ARKANSAS DEPARTMENT OF HEALTH (ADH)
LEAD-BASED PAINT NOTICE OF INTENT**

Mail or Deliver to: ADH - Environmental Epidemiology
Lead-Based Paint Program
4815 West Markham St., Slot 32
Little Rock, AR 72205-3867
501-661-2893

FOR DEPARTMENT USE ONLY
Date Received _____
Postmarked _____
Priority _____

Work Schedule: _____ Abatement Date (start): _____ Abatement Date (end): _____

Work Hours: (Week Day) _____ to _____

(Weekends) _____ to _____

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Firm Performing Abatement: _____ License No: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Certificate No: _____

Phone: _____ Email Address: _____

Project Supervisor: _____ Certificate No: _____

Single Family Dwelling

Occupant Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Property Owner/Contact Person: _____ Phone: _____

Email Address: _____

Property Owner/Contact Person Address: _____

City: _____ State: _____ Zip Code: _____

Square footage/acreage to be abated: _____

Multi-Family Dwelling

Child-occupied Facility

Property Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Property Owner/Contact Person: _____ Phone: _____

Email Address: _____

Property Owner/Contact Person Address: _____

City: _____ State: _____ Zip Code: _____

Multi-Family Dwelling or Child-occupied Facility (continued)

Dwelling Unit Number: _____

Square footage/acreage to be abated: _____

Occupant Protection Plan Prepared by Supervisor: _____ **Project Designer:** _____

Name: _____ Certification No: _____ Phone: _____

Email Address: _____

Contractor/Consultant: _____ License No: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Inspection: Yes No Date Performed: _____

Inspector: _____ Certificate No: _____

Risk Assessor: _____ Certificate No: _____

Contractor/Consultant: _____ License No: _____

Risk Assessment: Yes No Date Performed: _____

Risk Assessor: _____ Certificate No: _____

Contractor/Consultant: _____ Licensed No: _____

Lead Hazard Screen Yes No Date Performed: _____

Risk Assessor: _____ Certificate No: _____

Contractor/Consultant: _____ License No: _____

Analysis Performed by:

Lab: _____

Address: _____

Phone: _____

Address: _____

Work Practices to be Employed:

THIS IS TO VERIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS ACCURATE AND HAS BEEN PROVIDED BY:

Name _____ **Date:** _____