

**LEAD**

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

**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 \_\_\_\_\_

Name of Project: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

Original date of project start: \_\_\_\_\_

***This is to revise the previous notice of intent for the above project. The following changes are hereby made and a fee is submitted in accordance with Section VII (e).***

Scheduled work hours: \_\_\_\_\_

Licensed firm, name, and certificate number of the supervisor present during the abatement activities:

Work practices: \_\_\_\_\_

Start date: \_\_\_\_\_

Other changes which do not involve a fee are:

Please provide the reason (s) for making the above change (s):

This is to verify that the above information is accurate and has been provided by:

Name: \_\_\_\_\_

Date: \_\_\_\_\_