	<b>MODOT Project</b>	
Job:	<b>#:</b>	

## **GENERAL INFORMATION – All parts must be filled out completely.**

You must submit a completed Lead Abatement Project Contractor Re-Notification form twenty-four (24) hours prior to implementing any changes from the original project notification (19 CSR 30-70.640(3).

• Submit form to the Lead Licensing Program by fax: (573)526-0441 or email: Lead@health.mo.gov

<ul> <li>Please type or print legibly.</li> <li>Call 888-837-0927 with any question</li> <li>Send a copy to MODOT Resident Engineer</li> </ul>			
PART A. PROJECT INFORMATION			
PROJECT PHYSICAL LOCATION (NAME OF ROAD, MILE MARKER, CROSS STREET, NAME OF WATER WAY ETC)	CITY AND COUNTY		
LEAD ABATEMENT PROJECT CONTRACTOR (NAME AND ADDRESS)	TELEPHONE NUMBER		
PART B. PROJECT CHANGES (Please list all changes to the original project new start date; new completion date; new working hours, different supervisor	or worker, etc.)		
Type of changes being made (check all that apply and specify details b			
	ary hold until: (date/ further notice)		
Starting/leaving early or late Project complete (date conclusion) Project complete (date conclusion) Other changes:	ompleted)		
Specific details of changes (i.e.: Changing end date from 2/28/10 to 3/5/10; Will be le	eaving job at 2:30nm today (3/5/10)):		
Opening and action of the second seco	aving job at 2100pm today (0.6.70)).		
NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY THE LEAD ABATEMENT SUPERVISOR			
I hereby certify that all of the information provided in this initial notification is complete and true to the best of my knowledge.			
SIGNATURE OF LEAD ABATEMENT SUPERVISOR	DATE		
<b>→</b>			