MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
LEAD LICENSING PROGRAM
LEAD ABATEMENT PROJECT CONTRACTOR RE-NOTIFICATION
MODOT Project
Job #:________________

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
- Please type or print legibly.
- Call 888-837-0927 with any question
- Send a copy to MODOT Resident Engineer

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 notification in the space below, i.e. 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 below)
[ ] Changing start or end dates [ ] Project placed on temporary hold until: (date/ further notice)
[ ] Starting/leaving early or late [ ] Project complete (date completed)
[ ] Not working today only (date) [ ] Other changes:

Specific details of changes (i.e.: Changing end date from 2/28/10 to 3/5/10; Will be leaving job at 2:30pm today (3/5/10)):

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

MO 580-2998 (03-11)