



# Notice of Commencement Lead Abatement/Mitigation Project

**Original Notice**

**Revision** \_\_\_\_\_  
(Indicate which # item(s) is revised from original)

**Project #** \_\_\_\_\_  
IDPH USE ONLY

Mail or fax this notice at least **seven calendar days** prior to the commencement of lead abatement or mitigation projects. The postmark or the fax date will be used to determine correct notification time.

**TO:**  
Illinois Department of Public Health  
Div. of Environmental Health, Lead Program  
525 W. Jefferson St.  
Springfield, IL 62761  
Phone: 217-782-3517 Fax: 217-557-1188

1. IDPH License Lead Contractor ID#: \_\_\_\_\_

2. IDPH License Lead Contractor Name: \_\_\_\_\_

**A licensed lead supervisor shall be on site during all project activities**

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## Name and Address of Lead Abatement/Mitigation Project

3. Name of Building: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. City: \_\_\_\_\_ 6. State: \_\_\_\_\_ 7. ZIP: \_\_\_\_\_ 8. Phone: \_\_\_\_\_

9. Type of Building:  Residence  Day-care  School  Other

10. Property Owner: \_\_\_\_\_ 11. Phone: \_\_\_\_\_

11. Owner Address (if different than listed above): \_\_\_\_\_

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## ABATEMENT INFORMATION

12. Start Date: \_\_\_\_\_ 13. Completion Date: \_\_\_\_\_

14. Start Time: \_\_\_\_\_ 15. Completion Time: \_\_\_\_\_

16. Description of Project: \_\_\_\_\_

17. IDPH Licensed Lead Supervisor ID #: \_\_\_\_\_ 18. Name: \_\_\_\_\_

19. Signature of Contractor's Contact Person  
(as listed on the license application to the Department)

20. Telephone \_\_\_\_\_

21. Fax \_\_\_\_\_

All environmental lead samples shall be analyzed by a laboratory accredited by the National Lead Laboratory Accreditation Program (NLLAP)

