



State of New Jersey  
Notification of Lead Hazard Abatement  
(Pursuant to NJAC 5:17-5.1(b)1)

Date of Notification	Name of Building Owner		
Type of Notification	Street Address		
Initial <input type="checkbox"/>	City, State, Zip		
Amended <input type="checkbox"/>	Owner Contact	Telephone Number	

Name of Facility Where Abatement is Taking Place		Is Abatement the result of an EBL? (Check One)	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Street Address		Block	Lot
City	County	County/Muni Code	

Name of Lead Evaluation Contractor	Cert #	Name of Lead Abatement Contractor	Cert #
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Scope of Work			
Start Date	Interior Abatement	Exterior Abatement	Other Abatement
	<input type="checkbox"/> Level I	<input type="checkbox"/> Level I	<input type="checkbox"/> Window Treatment
	<input type="checkbox"/> Level II	<input type="checkbox"/> Level II	<input type="checkbox"/> Soil
Completion Date	<input type="checkbox"/> Level III	<input type="checkbox"/> Level III	<input type="checkbox"/> Steel Structures
	<input type="checkbox"/> Level IV		<input type="checkbox"/> Other

Brief Description of Work			

Waste Hauler	Landfill: Name, City, State		
Completed by (print or type)	Title	Signature	Date