

North Carolina - ARPA Lead Abatement Notification

This form is used to implement 10A NCAC 41C .1004 (f)(3). Lead abatement activities are defined as 40 C.F.R. 745.83.

****READ INSTRUCTIONS THOROUGHLY PRIOR TO COMPLETION****

1. TYPE OF FACILITY NOTIFICATION .1004 (f)(3)(D)

Public School Charter School LEA Number: _____
 Licensed Child Care Facility Family Child Care Home Licensed Number: _____

2. OWNER & RESPONSIBLE INDIVIDUAL(S) .1004 (f)(3)(A)

OWNER NAME: _____
Address: _____
City: _____ State: _____ Zip: _____
Responsible Individual: _____
Phone: _____ Email: _____

3. LEAD CERTIFICATIONS (Abatement Firm, Lead Supervisor, Risk Assessor (RA), Lead Supervisor (SUP), Designer (DES) .1004 (f)(3)(C)

LEAD ABATEMENT FIRM: _____ NC Cert. Firm No.: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____ Email: _____

LEAD ABATEMENT SUPERVISOR: _____ NC Cert. No.: _____
Phone: _____ Email: _____

CLEARANCE by NC Certified RA: NC Cert. No.: _____ Phone: _____

OCCUPANT PROTECTION PLAN prepared by SUP/DES: NC Cert. No.: _____ Phone: _____

4. FACILITY DESCRIPTION (including building name, building number, and floor or room number) .1004 (f)(3)(B)

Building Name or Number: _____
Physical Address: _____ County: _____
City: _____ State: _____ Zip: _____
Lead Abatement Location: _____ Year Built: _____ 5 or more units: Yes No
Facility Contact: _____ Phone: _____

** FOR GOVERNMENTAL AGENCY USE ONLY**

DATE RECEIVED: ___/___/___ **REGION/COUNTY:** _____ **ARPA No:** _____
REVIEWED BY: _____ **DATE:** ___/___/___

NOTE: Submitting the ARPA Lead Abatement application does not meet the regulatory requirements for submitting the Lead Abatement Permit Application set forth in 10A NCAC 41C Section .0800 of the LHMP rules.

5. ABATEMENT SCHEDULE .1004 (f)(3)(E)

Start Date (MM/DD/YY): ____ / ____ / ____ Complete Date (MM/DD/YY): ____ / ____ / ____

Work Schedule (check applicable): Mon Tue Wed Thu Fri Sat Sun Work Hours: _____

6. SCOPE of LEAD ABATEMENT - In the table below, enter the following information about the project. .1004 (f)(3)(F)
(use additional pages if necessary):

- a. List each **Type of Material** to be abated, i.e., windows, doors, walls, floors, ceilings, chair rails, baseboards, soffits, soil, etc. **Only one type of material should be entered on each line.**
- b. Indicate the **Location** of each material, i.e., on the interior or the exterior of the building.;
- c. *List the **Quantity** (sq. ft., ln. ft., cu. ft.) of each unit being abated and,
- d. List the specific **Method(s) of Abatement** to be used for each material listed: Abrasive Blasting, Containment, Enclosure, Chemical Stripping, Negative Pressure, Heat Stripping, Encapsulation, Component Removal, Power Tools/HEPA, Other (describe)

| a. TYPE OF MATERIAL | b. LOCATION INT/EXT | c. QUANTITY TO BE ABATED | d. SPECIFIC METHOD(S) OF ABATEMENT |
|---------------------|---------------------|--------------------------|------------------------------------|
| <i>Ex. Windows</i> | <i>Exterior</i> | <i>5</i> | <i>Component Removal</i> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

- e. **Additional Information:** Enter any additional project specific characteristics or activities not covered above:

7. I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. IN THE EVENT THAT UNEXPECTED LEAD-BASED PAINT IS FOUND, THE NORTH CAROLINA LEAD HAZARD MANAGEMENT PROGRAM WILL BE NOTIFIED. I FURTHER CERTIFY THAT THIS PROJECT WILL BE CONDUCTED IN ACCORDANCE WITH 40 CFR PART 763 AND 10A NCAC 41C SECTION .0800 (NC LEAD HAZARD MANAGEMENT PROGRAM RULES). [I hereby give consent to the Health Hazards Control Unit (HHCU) or its designated representative, to inspect the project site and adjacent property areas throughout the lead abatement process. HHCU staff may take samples of suspect paint or coatings, photographs and sketch the property site.]

Name: _____ Title: _____

Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Original Signature: _____ Date: ____ / ____ / ____

PLEASE SUBMIT COMPLETED APPLICATION TO THE FOLLOWING EMAIL ADDRESS WHEN PERFORMING LEAD ABATEMENT ACTIVITIES: ARPA-Reimbursement@dhhs.nc.gov

Instructions

NC ARPA Lead Abatement Notification

PURPOSE: This form serves as an ARPA lead-based paint abatement notification in NC. A copy of the notification is required to be displayed on site, along with all revisions, during lead-based paint abatement activities and be immediately available for review. [This form is used to implement 10A NCAC 41C .1004 \(f\) \(3\).](#)

PREPARATION: **This ARPA notification is required to be submitted at least 10 calendar days prior to the start date.**

All information pertinent to the lead abatement must be completed by the building owner/operator or responsible individual and submitted to: ARPA-Reimbursement@dhhs.nc.gov

1. TYPE: Indicate the type of facility notification, i.e., Public School, Charter School, Licensed Child Care Facility or Family Child Care Home.

2. OWNER & RESPONSIBLE INDIVIDUAL: Responsible Individual: Enter the name of the owner of the facility, the owner's mailing address including city, state, zip code, responsible individual, phone number and email.

3. CERTIFICATIONS:

Lead Firm: Enter the name of the abatement firm and NC certification number, the firm's mailing address, city, state, zip code, contact person, email and phone number.

Lead Supervisor: Enter the name of the NC certified Lead Supervisor and include the lead supervisor's NC certification number, email and phone number.

Lead Risk Assessor: Enter the NC certified Lead Risk Assessor certification number and phone number.

Lead Designer: Enter the name of the NC certified Lead Designer and include the designer's NC certification number and phone number.

Clearance Sampling conducted by: Enter the name and NC certification number of the individual conducting clearance sampling for the abatement project and include the phone number.

Occupant Protection Plan prepared by: Enter NC certification number of the individual who prepared the occupant protection plan for the project and include the phone number.

4. FACILITY DESCRIPTION: Complete the building name of the facility where the abatement project will occur; the physical address, including street number, street name, city, state, county and year built. Identify the lead abatement area, including floor and room number(s). Determine if the lead abatement project includes 5 or more units; and enter the facility contact name and phone number.

5. SCHEDULED DATES: Complete the lead abatement removal start date and completion date. Start date means the date on which activities on a permitted lead abatement removal requiring the use of certified workers and supervisors begin, including removal area isolation and preparation or any other activity which may disturb lead-based paint. **This ARPA notification is required to be submitted at least 10 calendar days prior to the start date.** Circle all days when lead-based paint abatement activities are to occur. Enter working hours that lead-based paint abatement activities will be conducted (i.e., 7:30 AM - 5:00 PM).

6. SCOPE of LEAD ABATEMENT: Enter the following information about the project (use additional pages if necessary):

a. List each **Type of Material** to be abated, i.e., windows, doors, walls, floors, ceilings, chair rails, baseboards, soffits, soil, etc. Only one type of material should be entered on each line.

b. Indicate the **Location** of each material, i.e., on the interior or the exterior of the building.

c. List the **Quantity** (sq. ft., ln. ft., cu. ft.) of each unit being abated. Include the number of units.

d. List the specific **Method(s) of Abatement** to be used for each material being removed:

- Abrasive Blasting
- Containment
- Hand Scraping
- Enclosure
- Chemical Stripping
- Negative Pressure
- Heat Stripping
- Encapsulation
- Component Removal
- Hand Sanding
- Power Tools
- Other (describe)

e. Enter any **additional project specific characteristics or activities** not covered in a-d above.

***De Minimis:** NC ARPA Notifications are required when disturbing greater than 20 sq. ft. exterior, 10% of a component or dry scraping more than 2 sq. ft. at an electrical outlet.

7. CERTIFICATION: Enter all information requested. **Only notifications completed and signed will be accepted.**

NOTE: All contacts, responsible individuals and lead supervisors are responsible for the information on the notification.

COPIES: Additional forms may be downloaded from the following web address:

www.ncdhhs.gov/divisions/public-health/asbestos-and-lead-based-paint-reimbursement-program-arpa

For Questions Contact:

Health Hazards Control Unit
NCDHHS – Division of Public Health
1912 Mail Service Center
Raleigh, NC 27699-1912
Telephone: 919-707-5950
Fax: 919-870-4808