

# 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, Lead Inspector (INSP), 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 conducted by INSP/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.**

ARPA (American Rescue Plan Act) Lead Abatement Notification

NC Department of Health and Human Services, Division of Public Health, Health Hazards Control Unit (3/2023)

**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](mailto: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](mailto: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 Inspector:** Enter the name of the NC certified Lead Inspector and include the lead inspector's NC certification number and phone number.

**Lead Risk Assessor:** Enter the name of the NC certified Lead Risk Assessor and include the risk assessor's NC 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 the name and 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](http://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