

North Carolina - ARPA Lead Renovation, Repair & Painting Notification

This form is used to implement 10A NCAC 41C .1004 (f)(3). Lead renovation, repair and painting activities (interim controls) 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 (Lead Firm, Lead Renovator, Lead Inspector (INSP), Risk Assessor (RA), Supervisor (SUP), Designer (DES) .1004 (f)(3)(C)

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

CERTIFIED LEAD RENOVATOR: _____ NC Cert. No.: _____
Phone: _____ Email: _____

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

OCCUPANT PROTECTION PLAN by NC Certified 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: _____
RRP Renovation location: _____ Year Built: _____
Facility Contact: _____ Phone: _____

** FOR GOVERNMENTAL AGENCY USE ONLY**

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

5. RENOVATION, REPAIR & PAINTING 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 RRP - 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 remediated, 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 remediated and,
- d. List the specific ***Method(s) of Remediation*** to be used for each material listed:
 (1) Interim Controls; (2) Paint Stabilization; (3) Component Removal; (4) Specialized Cleaning; (5) Other: Explain

a. TYPE OF MATERIAL	b. LOCATION INT/EXT	c. QUANTITY TO BE RRP	d. SPECIFIC METHOD(S) OF RRP
<i>Baseboards</i>	<i>Interior</i>	<i>100 ln. ft.</i>	<i>Paint Stabilization & Specialized Cleaning</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 745, SUBPART D, E AND L AND 10A NCAC 41C SECTION .0900 (NC LEAD RENOVATION, REPAIR AND PAINTING 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 renovation process. HHCU staff may take samples of suspect paint or coating materials, 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 COMPLETING REMEDIATION ACTIVITIES: ARPA-Reimbursement@dhhs.nc.gov

Instructions NC ARPA Lead Renovation, Repair and Painting Notification

PURPOSE: This form serves as a lead-based paint renovation, repair and painting notification in NC. A copy of this notification is required to be displayed on site during lead-based paint RRP 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 LBP-RRP 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, email and phone number.

3. **LEAD CERTIFICATIONS:**

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

Lead Renovator: Enter the name of the lead renovator and NC certified Lead Renovator number (starts with 17...), and include the renovator's email and phone number.

Lead Inspector/Risk Assessor: Enter the name of the NC certified Lead Inspector or certified Lead Risk Assessor performing the clearance and include the person's NC certification number and phone number.

Occupant Protection Plan prepared by: Enter the name of the certified Lead Supervisor or the certified Lead Designer and NC certification who prepared the occupant protection plan and include the person's NC certification number and phone number.

4. **FACILITY DESCRIPTION:** Complete the building name of the facility to be renovated; the physical address including city, state, county, and year built. Identify the area where RRP activities will occur, the building size, number of floors, and age in years. Identify the renovation area, including floor and room number(s) and enter the facility contact name and phone number.

5. **RENOVATION SCHEDULED DATES:** Complete the lead renovation start date and the lead renovation complete date. Start date means the date on which activities on a lead renovation activity requiring the use of certified 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 renovation activities are to occur. Enter working hours that lead-based paint renovation activities will be conducted (i.e., 7:30AM - 5:00PM).

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

a. List each **Type of Material** to be remediated, 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 remediated.
- d. List the specific **Method(s) of Remediation** to be used for each material being removed:
- Enclose
 - Specialized Clean
 - Wet Hand Sand/Scrape
 - Chemical Stripping
 - Paint Stabilization
 - Demolition
 - Component Removal
 - 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 or more than 6 sq. ft. in a room.

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

NOTE: All contacts, responsible individuals and lead renovators 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