



State of Tennessee
 Department of Environment and Conservation
 Division of Solid Waste Management
Notification of Lead-Based Paint Activity
 Project Registration

Mail to:
 State of Tennessee
 Department of Environment and Conservation
 Division of Solid Waste Management
 Lead-Based Paint Program
 401 Church Street
 Fifth Floor L & C Tower
 Nashville, TN 37243-1535

Form N

Please print legibly

Abatement Clearance Inspection Risk Assessment

Project Begin Date Month Day Year <input type="text"/> <input type="text"/> <input type="text"/>		Why is activity being conducted? <input type="checkbox"/> Voluntary <input type="checkbox"/> HUD <input type="checkbox"/> Federal, State or Local health agency assessment		Office Use Only Project Number <input type="text"/>	
Project End Date Month Day Year <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> Copy of Risk Assessment Report attached Number of Site Personnel >> <input type="text"/>		Rvw Date <input type="text"/> Rvw By <input type="text"/>	

Hours of Operation <input type="checkbox"/> Day (5a.m. - 5 p.m.) <input type="checkbox"/> Evening (5 p.m. - 8 p.m.) <input type="checkbox"/> Night (8 p.m. - 5 a.m.) <input type="checkbox"/> Weekend	Dwelling <input type="checkbox"/> occupied <input type="checkbox"/> not occupied <input type="checkbox"/> multi-family unit	Project includes: <input type="checkbox"/> Interior work <input type="checkbox"/> Exterior work <input type="checkbox"/> Application of siding <input type="checkbox"/> Soil Abatement <input type="checkbox"/> Window Removal	Site description <input type="checkbox"/> Wood <input type="checkbox"/> Stucco <input type="checkbox"/> Brick <input type="checkbox"/> Siding <input type="checkbox"/> Structure No. of Levels _____
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Property Information Property Name <input type="text"/>			Property Owner Information Name <input type="text"/>		
Building Name or Number <input type="text"/>		Number of Units <input type="text"/>	Address <input type="text"/>		
Property Address (Number, Street, etc) <input type="text"/>			City State and Zip <input type="text"/>		
City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>		Phone(s) <input type="text"/>
Occupant Name <input type="text"/>		Phone <input type="text"/>			

Contractor Information Firm Name <input type="text"/>		
Mailing Address (Number, Street, etc) <input type="text"/>		
City <input type="text"/>		State <input type="text"/>
Zip Code <input type="text"/>		Phone(s) include cell phone if applicable <input type="text"/> <input type="text"/>
Certification Number <input type="text"/>		Expires: <input type="text"/>

Project Site Supervisor Information Name <input type="text"/>	
Certification # <input type="text"/>	Expires: <input type="text"/>
Phone(s) <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Pager <input type="checkbox"/> Land Line Phone <input type="checkbox"/> Cell Phone

Post Abatement Clearance Inspector / Risk Assessor: <input type="text"/>		Certifications: <input type="text"/>		Expires: <input type="text"/>		Project Clearance Date: <input type="text"/>		Phone: <input type="text"/>	
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I hereby attest that only certified employees will conduct lead-based paint activities at this project site and that the employees will follow the work practice standards pursuant to Rule 1200-1-18-.01(8).

Signature _____ Date Signed _____