



**Lead Project Notification Form LPF-3**  
 Louisiana Department of Environmental Quality  
 Office of Environmental Services  
 Public Participation and Permit Support Division  
 Notifications and Accreditations Section  
 P.O. Box 4313, Baton Rouge, LA 70821-4313  
 Phone (225) 219-3300 Fax (225) 325-8282

For LDEQ Use Only	
Site AI No.	
Contractor AI No.	
LPN No.	
Expires	
Check No.	
Check Date	
Amt. Rec'd	\$
Date Rec'd	
Proc. Date	

This form must be completed and postmarked **5 working days prior to start of project** in order to comply with the notification requirements of LAC 33:III.2811. A notification of less than 5 working days constitutes an emergency notification.

**I. Type of Notification:**  Initial  Amendment  Cancellation  Emergency (less than 5 day notification)  
 (check all that apply)  Target Housing  Commercial/Industrial  Child Occupied Facility

**II. Applicant Information** (please print or type)

Company Name:			Contractor License No.		
Business Address:			Phone No. ( )		
City:	State:	Zip:	Email:		
Project Supervisor:	Email Address:		Fax No. ( )		
LDEQ Accreditation No.	Issue Date:		Expiration Date:		

**III. Single Family Dwelling**

Occupant Name:			
Property Address:			
City:	Parish:	State:	Zip Code:
Property Owner/Manager:		Phone No. ( )	
Property Owner/Manager Address:			
City:	State:	Zip Code:	
Square Footage/Acreage to be Abated:			

**IV. Check One of the Following Types of Dwellings:**  Multi-family Dwelling  Child-occupied Facility

Property Name:			
Property Address:			
City:	Parish:	State:	Zip Code:
Property Owner/Manager:		Phone No. ( )	
Property Owner/Manager Address:			
City:	State:	Zip Code:	
Number of Units to be Abated:		Building Name or No.:	
Square Footage/Acreage to be Abated:			

V. **Initial Abatement Notification** Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Please be advised that any lead-containing waste that has a TCLP level greater than or equal to 5.0 milligrams of lead per liter must be disposed of in a permitted Hazardous Waste Landfill.

VI. **Abatement Methods**

Briefly Describe Abatement Methods:
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VII. **Notification Changes** (complete only if notification is an amendment or cancellation)

Amended Start Date: _____	Amended Completion Date: _____	If Amended, Initial Notif. No.: _____	Change in Square Footage and/or Acreage Abated: _____
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VIII. **Fees** Make payable to the Louisiana Department of Environmental Quality via Check or Money Order. Submit notification and appropriate fees, as noted below, to the address at the top of page 1 of the LPF-3 form.

**FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**

Category of Abatement	Regular Processing	Emergency Processing
Facility size: 2000 sq. ft. or less	\$220.00	\$330.00
Each additional 2000 sq. ft.	\$110.00	\$165.00
Soil abatement of 1/2 acre or less	\$220.00	\$330.00
Each additional 1/2 acre	\$110.00	\$165.00
Changes to Notifications	\$55.00	N/A

IX. **Statements of Regulation Knowledge and Acknowledgment for Public Records**

(a) I hereby certify that this application, accompanying documents, and information provided is true and accurate in accordance with La. R.S. 30:2025.F(2)(a), which states that any person who willfully or knowingly makes any false statement, representation, or certification in any form, application, record, label, manifest, report, plan, or other document filed or required to be maintained under this Subtitle is subject to penalties with conviction of civil and criminal actions as outlined in this regulation.

(b) I acknowledge that the information I have provided on or with this form is to be kept in the public records maintained by the LDEQ. I also acknowledge that the information will be available for public inspection and copying, and I waive any claim to privacy in this information.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For LDEQ Office Use Only**

<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected		<input type="checkbox"/> Unsigned Application
	<input type="checkbox"/> Insufficient Funds		<input type="checkbox"/> Incomplete Dwelling or Facility Information
	<input type="checkbox"/> Incomplete Applicant Information		<input type="checkbox"/> Insufficient Abatement Description
	<input type="checkbox"/> Other _____		
Comment: _____			
Processed by: _____			