



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

Form N

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

Please print legibly

Abatement     Clearance     Inspection     Risk Assessment

<b>Project Begin Date</b> Month      Day      Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Why is activity being conducted?</b> <input type="checkbox"/> Voluntary <input type="checkbox"/> HUD <input type="checkbox"/> Federal, State or Local health agency assessment		<b>Office Use Only</b> Project Number <hr/> Rvw Date      Rvw By	
<b>Project End Date</b> Month      Day      Year <input type="text"/> <input type="text"/> <input type="text"/> <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"/>			

<b>Hours of Operation</b> <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	<b>Dwelling</b> <input type="checkbox"/> occupied <input type="checkbox"/> not occupied <input type="checkbox"/> multi-family unit	<b>Project includes:</b> <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	<b>Site description</b> <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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<b>Property Information</b> Property Name <hr/> Building Name or Number      Number of Units <hr/> Property Address (Number, Street, etc) <hr/> City      State      Zip Code <hr/> Occupant Name      Phone (      )			<b>Property Owner Information</b> Name <hr/> Address <hr/> City State and Zip <hr/> Phone(s) (      )		
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**Contractor Information**

Firm Name		
Mailing Address (Number, Street, etc)		
City	State	Zip Code
Phone(s) include cell phone if applicable (      ) (      )	Certification Number Expires:	

**Project Site Supervisor Information**

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

**Post Abatement Clearance**

Inspector / Risk Assessor:	Certifications:	Expires:	Project Clearance Date:	Phone: (      )
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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 \_\_\_\_\_