



STATE OF TENNESSEE  
DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF SOLID WASTE MANAGEMENT  
DAVY CROCKETT TOWER, 7<sup>TH</sup> FLOOR  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

## ABATEMENT COMPLETION REPORT

**INSTRUCTIONS:** IN ACCORDANCE WITH T.C.A. §§ 11-1-101, 68-131-401 ET SEQ., 4-5-201 ET SEQ. AND THE STATE OF TENNESSEE LEAD-BASED PAINT ABATEMENT [RULE 0400-13-01-.01\(6\)\(f\)](#), SUBMIT THIS COMPLETED REPORT AS WELL AS ALL REQUIRED DOCUMENTS (SEE BELOW) NO MORE THAN FIFTEEN (15) DAYS FOLLOWING THE COMPLETION OF THE ABATEMENT PROJECT THROUGH THE [MYTDEC FORMS ONLINE PORTAL](#). IF NECESSARY, USE EXTRA PAPER.

**NOTE: 0400-13-01-.01(3) STATES** "Completion date" means the date on which all activities on a permitted lead-based paint abatement project requiring the use of certified individuals are complete, including but not limited to the complete disassembly of all removal area barriers, final clearance testing, and disposal of all lead-based paint waste.

### 1. PROJECT INFORMATION 0400-13-01-.01(6)(f)11(ii)

PROJECT ADDRESS	SUPERVISOR/ PROJECT DESIGNER	SUPERVISOR/ PROJECT DESIGNER CERTIFICATION #
ABATEMENT FIRM	ABATEMENT FIRM CERTIFICATION #	ABATEMENT FIRM ADDRESS

### 2. ACTIVITY DATES 0400-13-01-.01(6)(f)11(i, iv)

ABATEMENT START DATE		ABATEMENT COMPLETION DATE			
CLEARANCE TESTING DATE(S)*	1.	2.	3.	4.	5.

### 3. CLEARANCE TESTING 0400-13-01-.01(6)(f)11(iv)

NAME OF CERTIFIED RISK ASSESSOR/INSPECTOR CONDUCTING CLEARANCE	ADDRESS OF CERTIFIED RISK ASSESSOR/INSPECTOR CONDUCTING CLEARANCE	NAME OF RECOGNIZED LABORATORY CONDUCTING ANALYSES

**3. PROJECT PERSONNEL 0400-13-01-.01(6)(f)1**

NAME AND CERTIFICATION #	TITLE	NAME AND CERTIFICATION #	TITLE
1.		5.	
2.		6.	
3.		7.	
4.		8.	

**4. DESCRIPTION OF ABATEMENT 0400-13-01-.01(6)(f)11(vi)**

INCLUDE A DETAILED WRITTEN DESCRIPTION OF THE ABATEMENT, INCLUDING ABATEMENT METHODS USED, LOCATIONS OF ROOMS AND COMPONENTS WHERE ABATEMENT OCCURRED, THE REASON FOR SELECTING ABATEMENT METHODS FOR EACH COMPONENT, AND ANY SUGGESTED MONITORING OF ENCAPSULANTS OR ENCLOSURES. ATTACH ADDITIONAL PAGES OR PROJECT SPECIFICATIONS IF NECESSARY.

ABATEMENT METHODS USED	ROOM/COMPONENT	REASON FOR SELECTING	SUGGESTED MONITORING

**5. REQUIRED DOCUMENTS** 0400-13-01-.01(6)(f)11(i, iii, v)

ATTACH ALL CLEARANCE RESULTS AND A COPY OF THE PROJECT REVIEW ACKNOWLEDGEMENT TO PROCEED OBTAINED FROM THE COMMISSIONER TO THIS REPORT. IF A COMPLETED OCCUPANT PROTECTION PLAN (OPP) WAS NOT SUBMITTED WITH THE ORIGINAL PROJECT NOTIFICATION, ATTACH IT TO THIS REPORT.

	<b>ALL CLEARANCE TEST RESULTS ARE ATTACHED TO THIS REPORT*</b>		
	<b>PROJECT REVIEW ACKNOWLEDGEMENT TO PROCEED IS ATTACHED TO THIS REPORT</b>		
	<b>OCCUPANT PROTECTION PLAN IS ATTACHED TO THIS REPORT</b>		<b>OPP WAS SUBMITTED WITH ORIGINAL NOTIFICATION</b>

\***Copy of clearance testing results** and all soil analyses (if applicable) indicating whether the unit passed or failed. If failed, the measures used to reach clearance must be documented and additional clearance testing results must be included.

**NOTE:** Rule 0400-13-01-.03(1)(a) "Residential Property Renovation" requires each person who performs a renovation of target housing for compensation to provide a lead hazard information pamphlet, [Protect Your Family From Lead In Your Home](#), to the owner and occupant of such housing prior to commencing the renovation. If renovation work occurred in addition to abatement, written acknowledgement that the pamphlet was received can be attached to this report.

**6. WASTE DISPOSAL** 0400-13-01-.01(3)

	<b>WASTE DISPOSAL DOCUMENTATION IS ATTACHED TO THIS REPORT</b>	
<b>WASTE DISPOSAL DATE:</b>		<b>NOTES:</b>

**6. SIGNATURE AND DATE**

This abatement report was prepared by

Name:

Certification number:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date