

NOTIFICATION OF LEAD ABATEMENT

The address, including apartment numbers, where abatement will be conducted:

Street address: _____ Apartment #: _____
City, State, Zip _____

The dates when abatement will be conducted: _____

The name, address, telephone number, and Iowa certification number of the certified firm that will conduct the work:

Name: _____ Iowa Certification Number: _____
Street address: _____ Firm Contact's Signature: _____
City, State, Zip _____
Telephone: _____

The name, address, telephone number, and Iowa certification number of the certified abatement contractor who will serve as the contact person for the project:

Name: _____
Street address: _____
City, State, Zip _____
Telephone: _____
Iowa Certification Number: _____
Contractor's Signature: _____

The Iowa Department of Public Health must **RECEIVE** this form **SEVEN** days before beginning the lead abatement work.

Email to:
lead@dia.iowa.gov

The name, address, and telephone number of the property owner:

Name: _____
Street address: _____
City, State, Zip _____
Telephone: _____

Whether the dwelling is owner-occupied or a rental dwelling:

☐ Owner-occupied ☐ Rental

If the dwelling is an occupied rental, the names of the occupants:

The approximate year that the dwelling was built: _____

A brief description of the abatement work to be done:

