

TO: OWNERS/CONTRACTORS

FROM: STATE DEPARTMENT OF HEALTH  
INDOOR AND RADIOLOGICAL HEALTH BRANCH  
INDOOR AIR QUALITY SECTION

SUBJECT: STATE OF HAWAII, DEPARTMENT OF HEALTH  
HAWAII ADMINISTRATIVE RULES, TITLE 11,  
CHAPTER 41 (LEAD-BASED PAINT ACTIVITIES)



## **LEAD**

Title 11, Hawaii Administrative Rules (HAR), Department of Health (DOH), Chapter 41, "Lead-Based Paint Activities".

## **NOTIFICATION**

Under HAR Title 11, Chapter 41, firms and individuals conducting regulated lead abatement activities at target housing and childcare facilities constructed before January 1, 1978, must provide notification of such activities.

Notification must contain the information indicated on the attached State notification form, be postmarked at least **FIVE** business days prior to the start of any abatement activities, and be mailed to:

**State Department of Health  
Indoor and Radiological Health Branch  
Indoor Air Quality Section  
99-945 Halawa Valley Street  
Aiea, HI 96701**

## **PROJECTS REQUIRING NOTIFICATION**

Notifications are **mandatory for all regulated lead abatement activities** at the following:

- Child Care Facilities constructed prior to January 1, 1978.
- Target Housing Facilities constructed prior to January 1, 1978.
- Contract documents specifying certified abatement activities

## **EXCEPTIONS**

The **DOH** does not require notifications for the following:

- Target housing and child-occupied facilities constructed prior to January 1, 1978.

*"Lead regulations **vary between agencies**. While the Hawaii Department of Health (DOH) oversees lead-related regulations with certain exceptions, the Occupational Safety and Health Administration (OSHA) enforces more stringent standards for worker protection. For inquiries regarding OSHA regulations on lead exposure in Hawaii, please contact the Hawaii Occupational Safety and Health Division (HIOSH) at 808-586-9090."*

## **FEE SCHEDULES FOR NOTIFICATIONS:**

<b>Quantity of LEAD to be Abated or Clean-up</b>	<b>Fee</b>
Less than or equal to 50 square feet or cubic feet	\$25
Greater than or equal to 50 square feet or cubic feet, but less than 500 square or cubic feet	\$50
Greater than or equal to 500 square feet or cubic feet, but less than 5,000 square or cubic feet	\$150
Greater than or equal to 5,000 square feet or cubic feet	\$300

## **DEFINITIONS**

- **Child-Occupied Facility** means a building or portion of a building constructed prior to 1978, visited regularly by the same child, six years of age and under, on at least two different days within any week.
- **Target Housing** means any housing constructed prior to 1978, except housing for the elderly or persons with disabilities (unless one or more children age six years or under resides or is expected to reside).
- **Lead-Based Paint** means paint or other surface coatings that contain lead equal to or in excess of one milligram per square centimeter or more than 0.5 percent by weight.
- **Dust Lead Hazard** is surface dust in a residential dwelling or child-occupied facility that contains a mass-per-area concentration of lead equal to or exceeding forty micrograms per square foot on floors or two hundred fifty micrograms per square foot on interior window sills, based on wipe samples.
- **Soil Lead Hazard** is bare soil on residential real property or on the property of a child-occupied facility that contains total lead equal to or exceeding four hundred parts per million in a play area or an average of one thousand two hundred parts per million in the rest of the yard, based on soil samples.
- **Lead Abatement** is any measure or set of measures designed to permanently eliminate lead-based paint hazards. Abatement includes, but is not limited to:
  - o Removal of paint and dust, the permanent enclosure or encapsulation of lead-based paint, the replacement of painted surfaces or fixtures, or the removal or permanent covering of soil when lead-based paint hazards are present in such paint, dust, or soil; and
  - o All preparation, cleanup, disposal, and post-abatement clearance testing activities associated with such measures.

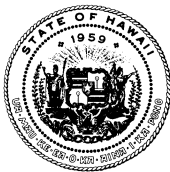
## **REQUIREMENTS FOR TRAINING AND DOCUMENTATION**

All regulated lead-based paint activities must be conducted by state-certified firms and individuals.

Each abatement activity conducted shall include an Abatement Report and shall be prepared by a certified supervisor or project designer, containing the following:

- Start and the completion dates of abatement.
- The name and address of each certified firm conducting the abatement and the name of each supervisor assigned to the abatement project.
- An occupant protection plan that is unique to the project must be developed prior to the activity.
- The name, address, and signature of each certified risk assessor or inspector conducting clearance sampling, and the date of clearance testing.
- The results of clearance testing.
- A detailed written description of the abatement.

If you have any questions visit our website (<http://health.hawaii.gov/irhb/>) or call the DOH at (808) 586-5800.



# NOTIFICATION of Lead-Based Paint Abatement Activities (Ref. HAR Chapter 11-41)

**SEND TO:** STATE DEPARTMENT OF HEALTH  
INDOOR AND RADIOLOGICAL HEALTH BRANCH  
LEAD BASED PAINT SECTION  
99-945 HALAWA VALLEY STREET  
AIEA, HI 96701  
PHONE (808) 586-5800 FAX (808) 586-5811

**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Rec. Number: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>A. Type of Notification</b> (choose one):    Original       Updated       Cancellation		
<b>B. Emergency Notification</b> (circle one)    No    Yes    (If yes, include documentation showing evidence of an EBL determination or a copy of the Federal/State/Tribal/Local emergency abatement order.)		
<b>C. Activity start and end dates</b> (Specify the dates you will begin and end lead-based paint activity. If necessary, estimate end date using your best professional judgement.) Start date (mm/dd/yy): _____ End date (mm/dd/yy): _____		
<b>D. Description of Activity</b> (This section relates to the building where abatement work will be performed.) Type of Building (circle one):    Single Family Dwelling    Multi-Family Dwelling    Child-Occupied Facility Property Name (if applicable): _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Square footage/acreage to be abated: _____ Write brief description of abatement project to be performed. (Enclose additional paper if necessary) _____ _____		
<b>E. Firm Information</b> Name: _____ Certification Number: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____		
<b>F. Certified Supervisor's Information</b> Name: _____ State Certification Number: _____ Expiration Date: _____		
<b>G. Firm Affirmation</b> (Please note that this form is incomplete without a signature.) I hereby attest and affirm that the information included on this notification form is true and accurate to the best of my belief and knowledge. I acknowledge that any approval authorized pursuant to this notification will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the approval. Name: _____ Title: _____ Signature: _____ Date Signed: _____		