Mississippi Office of Pollution Control
Lead-Based Paint Abatement/Renovation Notification

Project Type: ☐ Abatement ☒ Renovation Date of Building Construction: 1946
Please check all applicable boxes for the type of Notification: ☒ Original ☐ Revision ☐ Cancellation ☐ Emergency
Please check if asbestos notification was also submitted for this project: ☐

I. PROJECT/SITE INFORMATION

Target Housing: ☒ Single Family Residence ☐ Multifamily Dwelling * (i.e. multifamily apartment, duplex, etc.)
Child-Occupied Facility: ☐ Daycare ☐ Pre-School ☐ Other _____
Physical Address Project Site 3484 Old Highway 61 S
City Leland State MS Zip Code 38756 County Washington
Number of Units to be Abated/Renovated in the Building 16

II. BUILDING OWNER INFORMATION

Mr./Mrs. Gaila or Scott Oliver
Address of Owner 3484 Old Highway 61 S City Leland State MS Zip Code 38756
Telephone Number 662-820-9555

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm Andy Sliger
Firm Certification Number PBR-00009242 Telephone Number 501-762-2110 Exp. Date 12/10/2020
Address of Certified Firm 230 Tobacco Rd
City Hot Springs State AR Zip Code 71913

IV. INSPECTION INFORMATION

Name of Inspector/Risk Assessor Conducting Inspection _____
Certification Number _____ Exp. Date _____ Date Inspection Conducted _____
Test Method Used & Manufacturer of Testing Equipment _____
For Paint Chip Analysis, Name of Laboratory _____ Certification Number _____

V. GENERAL CONTRACTOR (Other)

Name of Firm Windows USA
Firm Mailing Address PO Box 222 Royal, AR 71968
Contact Person Mia Walsh Telephone Number 800-272-2085 ext 3222

VI. PROJECT DATES

Lead Project Start 10 / 29 / 20 Lead Project Stop 10 / 31 / 20
Abatement/Renovation to be done during what time? ☐ Day (5 a.m. - 5 p.m.) ☐ Evening (5 p.m. - 8 p.m.) ☐ Night (8 p.m. - 5 a.m.) ☐ Weekend

VII. DESCRIPTION OF PROCEDURES TO BE USED (CHECK ALL THAT APPLY)

☐ Wet Sanding ☐ Chemical Removal ☐ Heat Gun
☒ Containment ☐ Strip and Removal ☐ Negative Air
Other – Explain _____

VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE REMOVED)

Retro Fit Pocket Replacement of Existing Windows With New Vinyl Windows

IX. WASTE TRANSPORTER

Name Andy Sliger
Full Mailing Address 230 Tobacco Rd
City Hot Springs State AR Zip Code 71913
Contact Andy Sliger Telephone Number 501-762-2110

X. WASTE LEAD DISPOSAL SITE

Site Name _____
Physical Address _____
Full Mailing Address _____
City _____ State _____ Zip Code _____

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name _____
Physical Address _____
Full Mailing Address _____
City _____ State _____ Zip Code _____
Contact Person _____ Telephone Number _____
NOTE: All debris (other than lead) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XII. ABATEMENT

A certified supervisor is required for each abatement project and shall be onsite during all work site preparation and during the post-abatement cleanup and clearance of work areas. At all other times when abatement activities are being conducted, the certified supervisor shall be onsite or available by telephone, pager, or answering service, and able to be present at the work site in no more than 2 hours.

XIII. RENOVATION

A certified renovator is required for each renovation project and shall be physically present when the required signs are posted, while the required work area containment is being established, and while required work area cleaning is performed. The certified renovator must regularly direct work being performed by other individuals and must be available either on-site or by telephone at all times renovations are being conducted.

XIV. CERTIFICATION OF ACCURACY

I certify that all of the above information is correct.

Print Andy Sliger Signature Andy Sliger Date 10/23/2020

Contact information for return mail or questions concerning the information on this Notice

Mailing Address 230 Tobacco Rd
City Hot Springs State AR Zip Code 71913
Contact Andy Sliger Telephone Number 501-762-2110

Refer to fee schedule to calculate required notification fee. Notification fee must be submitted with notification.

MAIL TO: Mississippi Department of Environmental Quality
Lead Program
PO Box 2261
Jackson, MS 39225
(601) 961-5171

OR

Mississippi Department of Environmental Quality
Lead Program
515 East Amite Street
Jackson, MS 39201