PO # 10427431-1-EXDR
Store # 2910

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

Project Type: ■ **Abatement** ☐ **Renovation** **Date of Building Construction:** 1958

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 1904 STUART AVE
City OCEAN SPRINGS State MS Zip Code: 39564 County: _____
Number of Units to be Abated/Renovated in the Building _____

II. BUILDING OWNER INFORMATION

Mr./Mrs. GERALD BRACEY
Address of Owner: 1904 STUART AVE City OCEAN SPRINGS State MS ZIP 39564
Telephone Number (228) 234-2592+1

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm Home Depot Store # 2910
Firm Certification Number NBF-00000758 Telephone Number (850) 374-2960 Exp. Date 4/16/2021
Address of Certified Firm 7356 Analii St
City Diamondhead State MS Zip Code 39525

IV. INSPECTION INFORMATION

Name of Inspector/Risk Assessor Conducting Inspection Kevin Dwayne Lusk
Certification Number Q-18-74887 Exp. Date 27FEB2021 Date Inspection Conducted 24JUN2020
Test Method Used & Manufacturer of Testing Equipment Lead test/ Lead Check
For Paint Chip Analysis, Name of Laboratory _____ Certification Number _____

V. GENERAL CONTRACTOR (Other)

Name of Firm Home Depot Store # 2910
Firm Mailing Address 7356 Analii St
Contact Person Kevin Lusk Telephone Number (850) 374-2960

VI. PROJECT DATES

Lead Project Start 12 / 15 / 2020 Lead Project Stop 12 / 15 / 2020
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)

Front entry way door removed and new door installed. Door size is a 36"x80"

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IX. WASTE TRANSPORTER

Name Kevin Dwayne Lusk
Full Mailing Address 7356 Analii St.
City Diamondhead State MS Zip Code 39525
Contact Kevin Dwayne Lusk Telephone Number 850-374-2960

X. WASTE LEAD DISPOSAL SITE

Site Name Pecan Grove Landfill
Physical Address 9685 Firetower Rd
Full Mailing Address 9685 Firetower Rd
City Pass Christian State MS Zip Code 39571

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name Pecan Grove Landfill
Physical Address 9685 Firetower Rd
Full Mailing Address 9685 Firetower Rd
City Pass Christian State MS Zip Code 39571
Contact Person On duty manager Telephone Number 228-225-5553
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 Kevin Lusk **Signature** [redacted] **Date** 12/15/2020

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

Mailing Address 7356 Analii St
City Diamondhead State MS Zip Code 39525
Contact Kevin Lusk Telephone Number (850) 374-2960

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 Amite Street
Jackson, MS 39201

Revised: 05/2016