job 174902

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

Project Type: ☐ Abatement ☒ Renovation Date of Building Construction: 1910
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 120 Macon Rd
City Calhoun City State MS Zip Code 38916 County Calhoun
Number of Units to be Abated/Renovated in the Building 8

II. BUILDING OWNER INFORMATION

Mr./Mrs. Ray or Pam Woodcock
Address of Owner 120 Macon Rd City Calhoun City State MS Zip Code 38916
Telephone Number 662-552-9600

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm Terry Thomas
Firm Certification Number PBR-00008574 Telephone Number 662-317-0181 Exp. Date 10/20/2021
Address of Certified Firm 5496 Hwy 349 S
City Pottscamp State MS Zip Code 38569

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 501-760-0309

VI. PROJECT DATES

Lead Project Start 03 / 19 / 21 Lead Project Stop 03 / 21 / 21
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 Terry Thomas
Full Mailing Address 5496 Hwy 349 S
City Pottscamp State MS Zip Code 38659
Contact Terry Thomas Telephone Number 662-317-0181

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 Terry Thomas Signature Terry Thomas Date 03/12/2021

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

Mailing Address 5496 Hwy 349 S
City Pottscamp State MS Zip Code 38659
Contact Terry Thomas Telephone Number 662-317-0181

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