

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



Project Type: ☐ Abatement ☒ Renovation Date of Building Construction: unknown
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 22 Earl Finley Rd
City Richton State Ms Zip Code 39476 County Perry
Number of Units to be Abated/Renovated in the Building 1

II. BUILDING OWNER INFORMATION

Mr./Mrs. Muril Walley
Address of Owner 22 Earl Finley Rd City Richton State Ms Zip Code 39476
Telephone Number _____

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm James Adams Company
Firm Certification Number NBF-00000748 Telephone Number 504-382-4578 Exp. Date 1/27/2022
Address of Certified Firm 419 Carolyn Dr.
City Harahan State La Zip Code 70123

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 _____
Firm Mailing Address _____
Contact Person _____ Telephone Number _____

VI. PROJECT DATES

Lead Project Start 5 / 12 / 2021 Lead Project Stop 5 / 12 / 2021
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 Remove Glass and Aluminum Frame

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

Remove plastic glazing bead, remove glass, remove aluminum frame. Install vinyl windows

IX. WASTE TRANSPORTER

Name _____
Full Mailing Address _____
City _____ State _____ Zip Code _____
Contact _____ Telephone Number _____

X. WASTE LEAD DISPOSAL SITE

Site Name Home Depot Interiors
Physical Address 8184 Louisiana Hwy 44 Suite 190
Full Mailing Address Same
City Gonzales State La Zip Code 70737

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name Home Depot Interiors
Physical Address 8184 Louisiana Hwy 44 Suite 190
Full Mailing Address Same
City Gonzales State La Zip Code 70737
Contact Person Richard Herbison Telephone Number 225-210-7987

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 James Adams Signature  Date 4-27-2021

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

Mailing Address 419 Caolyn Dr
City Harahan State La Zip Code 70123
Contact James Adams Telephone Number 504-382-4578

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