



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 103 Tower Rd

City Hattiesburg State Ms Zip Code 39401 County Forrest

Number of Units to be Abated/Renovated in the Building 1

II. BUILDING OWNER INFORMATION

Mr./Mrs. Gregory Dunbar

Address of Owner 103 Tower Rd City Hattiesburg State Ms Zip Code 39401

Telephone Number 601-862-0643

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 05 / 12 / 2021 Lead Project Stop 05 / 13 / 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 5-1-2021 \_\_\_\_\_  
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 OR Mississippi Department of Environmental Quality  
Lead Program Lead Program  
PO Box 2261 515 East Amite Street  
Jackson, MS 39225 Jackson, MS 39201  
(601) 961-5171