RECEIVED
MAY 25 2021

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

Project Type: ☐ Abatement ☒ Renovation Date of Building Construction: 1950
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 722 Orlando St
City Greenville State MS Zip Code 38701 County Washington
Number of Units to be Abated/Renovated in the Building 13

II. BUILDING OWNER INFORMATION

Mr./Mrs. Nancy Gladney
Address of Owner 722 Orlando St City Greenville State MS Zip Code 38701
Telephone Number 662-577-1874

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm Wayne Hallum
Firm Certification Number PBR-00010102 Telephone Number 501-262-8032 Exp. Date 04/21/2022
Address of Certified Firm 1813 Spring St
City Hot Springs State AR Zip Code 71901

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 05 / 26 / 21 Lead Project Stop 05 / 28 / 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 Wayne Hallum
Full Mailing Address 1813 Spring St
City Hot Springs State AR Zip Code 71901
Contact Wayne Hallum Telephone Number 501-262-8032

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 Wayne Hallum Signature Kimberly Fontenot Date 05/24/2021

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

Mailing Address 1813 Spring St
City Hot Springs State AR Zip Code 71901
Contact Wayne Hallum Telephone Number 501-262-8032

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