



Project Type:  Abatement  Renovation Date of Building Construction: 1930  
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 1622 N 5TH AVE  
City LAUREL State MS Zip Code 39440 County JONES  
Number of Units to be Abated/Renovated in the Building 1 (ONE)

**II. BUILDING OWNER INFORMATION**

Mr./Mrs. ALLISON AND SCOTT HINNANT  
Address of Owner SAME City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number 601-264-7114

**III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION**

Name of Certified Lead Abatement/Renovator Firm NORMAN CONSTRUCTION  
Firm Certification Number NBF-00000639 Telephone Number 601-264-7114 Exp. Date 11/18/2021  
Address of Certified Firm 788 RICHBURG ROAD  
City HATTIESBURG State MS Zip Code 39402

**IV. INSPECTION INFORMATION**

Name of Inspector/Risk Assessor Conducting Inspection DAVE BINGHAM  
Certification Number PBI00003690 Exp. Date 03/24/2022 Date Inspection Conducted 9/1/2021  
Test Method Used & Manufacturer of Testing Equipment NIGHTONEXLP300A  
For Paint Chip Analysis, Name of Laboratory MICROMETHODSLABORATORY Certification Number PBF-00000028

**V. GENERAL CONTRACTOR (Other)**

Name of Firm NORMAN CONSTRUCTION  
Firm Mailing Address PO BOX 15399 HATTIESBURG, MS 39404  
Contact Person KATIE HINTON OR CHRIS MILLER Telephone Number 601-264-7114

**VI. PROJECT DATES**

Lead Project Start 10 / 05 / 2021 Lead Project Stop 12 / 08 / 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 \_\_\_\_\_

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

PREP FOR PAINT EXTERIOR COLUMNS AND SIDING, PREP FOR PAINT INTERIOR (FOYER, LIVING ROOM, HALLWAY, PRIMARY BEDROOM TRIM)

**IX. WASTE TRANSPORTER**

Name ALL PRO DISPOSAL  
Full Mailing Address PO BOX 17563  
City HATTIESBURG State MS Zip Code 39402  
Contact KYLE COOK Telephone Number 601-550-0616

**X. WASTE LEAD DISPOSAL SITE**

Site Name RANDY DANNY INC.  
Physical Address 184 IRA G ODOM ROAD  
Full Mailing Address SAME  
City ELLISVILLE State MS Zip Code 39437

**XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD**

Site Name RANDY DANNY INC.  
Physical Address SAME  
Full Mailing Address SAME  
City SAME State MS Zip Code SAME  
Contact Person RANDY DANNY Telephone Number 601-477-3999

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 KATIE HINTON Signature *Katie Hinton* Date 09/17/2021

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

Mailing Address PO BOX 15399  
City HATTIESBURG State MS Zip Code 39404  
Contact KATIE HINTON/ CHRIS MILLER Telephone Number 601-264-7114

**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