



Project Type: Abatement Renovation Date of Building Construction: 1958
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 185 LOWER MYRICK ROAD
City LAUREL State MS Zip Code 39443 County JONES
Number of Units to be Abated/Renovated in the Building 1 (ONE)

II. BUILDING OWNER INFORMATION

Mr./Mrs. HILARY AND THOMAS
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 / 18 / 2021 Lead Project Stop 12 / 02 / 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 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 P. 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