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

RECEIVED
FEB 25 2022
Dept. of Environmental Quality

Project Type: ☐ Abatement ☑ Renovation Date of Building Construction: 1940
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 207 E. Witt Street
City Sherman State MS Zip Code 38869 County Lee
Number of Units to be Abated/Renovated in the Building 1 window

II. BUILDING OWNER INFORMATION

Mr./Mrs. David Taylor
Address of Owner 207 E. Witt St. City Sherman State MS Zip Code 38869
Telephone Number 662-316-1302

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm Window World of Tupelo-Columbus
Firm Certification Number NBF000000104 Telephone Number 662-842-5201 Exp. Date 8/21/22
Address of Certified Firm 4979 Cliff Gookin Blvd.
City Tupelo State MS Zip Code 38801

IV. INSPECTION INFORMATION

Name of Inspector/Risk Assessor Conducting Inspection _____
Certification Number _____ Exp. Date _____ Date Inspection Conducted _____
Test Method Used & Manufacturer of Testing Equipment Lead Check Swab
For Paint Chip Analysis, Name of Laboratory _____ Certification Number _____

V. GENERAL CONTRACTOR (Other)

Name of Firm Window World of Tupelo-Columbus
Firm Mailing Address 4979 Cliff Gookin Blvd. Tupelo, MS 38801
Contact Person Jay Collins Telephone Number 662-842-5201

VI. PROJECT DATES

Lead Project Start 3/1/22 Lead Project Stop 4/1/22
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)

Removal of (1) windows containing lead paint
Installation of (1) vinyl windows

IX. WASTE TRANSPORTER

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

X. WASTE LEAD DISPOSAL SITE

Site Name Window World of Tupelo-Columbus
Physical Address 4979 Cliff Gookin Blvd. Tupelo, MS
Full Mailing Address 4979 Cliff Gookin Blvd.
City Tupelo State MS Zip Code 38801

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name Window World of Tupelo-Columbus
Physical Address 4979 Cliff Gookin Blvd. Tupelo, MS 38801
Full Mailing Address 4979 Cliff Gookin Blvd.
City Tupelo State MS Zip Code 38801
Contact Person Jay Collins Telephone Number 662-842-5201
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 TOM COLLINS Signature Tom Collins Date 2/18/22

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

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

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