

"Rev"

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



MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received <u>7/5/2022</u>	AI Number
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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:
 Child-Occupied Facility:

Physical Address Project Site: 1211 Polk Street
 City: Vicksburg State: MS Zip Code: 39180 County: Warren
 Number of Units to be Abated/Renovated in the Building: 1

II. BUILDING OWNER INFORMATION

Mr./Mrs.: LaQuan Ross
 Address of Owner: 1211 Polk Street City: Vicksburg State: MS ZIP: 39180
 Telephone Number: (769) 203-0606

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Northshore Garage Door, LLC
 Firm Certification Number: NBF-00000829 Telephone Number: (985) 215-7914 Exp. Date: 06/05/2023
 Address of Certified Firm: 47094 Oak Creek Trce
 City: Hammond State: LA Zip Code: 70401

IV. INSPECTION INFORMATION

Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Jonathan Redd
 Certification Number: PBR-00011465 Exp. Date: 06/05/2023 Date Inspection Conducted: 03/07/2022
 Test Method Used & Manufacturer of Testing Equipment: Swab 3M Lot# ABCDSD11
 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: 07 / 11 / 2022 Lead Project Stop: 07 / 11 / 2022
 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 Component Removal Heat Gun Encapsulation
 Containment Strip and Removal Negative Air Enclosure
 Other – Explain

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

Remove existing doors, frames and trim and replace with new doors, frames and trim.

IX. WASTE TRANSPORTER

Name: Salvadore Drott

Full Mailing Address: 47094 Oak Creek Trace

City: Hammond State: LA Zip Code: 70401

Contact: nsgaragedoor@gmail.com Telephone Number: (225) 532-7131

X. WASTE LEAD DISPOSAL SITE

Site Name: Woodside Security Landfill

Physical Address: 29340 Woodside Dr

Full Mailing Address: _____

City: Walker State: LA Zip Code: 70785

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name: Tangipahoa Parish Solid Waste Landfill

Physical Address: 57510 Hano Rd

Full Mailing Address: _____

City: Independence State: LA Zip Code: 70443

Contact Person: _____ Telephone Number: (985) 878-4403

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 onsite 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 Chrystal Drott

Signature 

Date 07/5/2022

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

Mailing Address: 47094 Oak Creek Trce

City: Hammond State: LA Zip Code: 70401

Contact: Chrystal Drott Telephone Number: (985) 215-7914

Email: nsgaragedoor@gmail.com

Refer to fee schedule to calculate required notification fee. Notification fee must be submitted with notification.

MAIL TO: Mississippi Department of Environmental Quality
Lead Notifications
P.O. Box 2261, Jackson, MS 39225