

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: _____
 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: 213 LAKEBEND CIR
 City: BRANDON State: MS Zip Code: 39042 County: USA Rankin
 Number of Units to be Abated/Renovated in the Building: 1

II. BUILDING OWNER INFORMATION

Mr./Mrs.: LUCRETIA BRIDGES
 Address of Owner: 213 LAKEBEND CIR City: BRANDON State: MS ZIP: 39042
 Telephone Number: (601) 955-7045

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Nothshore Garage Door, LLC
 Firm Certification Number: nbf-00000829 Telephone Number: (985) 215-7914 Exp. Date: 06/05/23
 Address of Certified Firm: 47094 Oak Creek Trace
 City: Hammond State: LA Zip Code: 70401

IV. INSPECTION INFORMATION

Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Redd Johnathon
 Certification Number: PBR-00011465 Exp. Date: 8/4/2024 Date Inspection Conducted: 6/16/2022
 Test Method Used & Manufacturer of Testing Equipment: Swab
 For Paint Chip Analysis, Name of Laboratory: N/A Certification Number: NAT-F227423-1

V. GENERAL CONTRACTOR (Other)

Name of Firm: _____
 Firm Mailing Address: _____
 Contact Person: _____ Telephone Number: (____) _____

VI. PROJECT DATES

Lead Project Start: 07 / 29 / 22 Lead Project Stop: 07 / 29 / 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 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 07/5/22

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