

job-197649



# 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 12-15-22	AI Number
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Project Type:  Abatement  Renovation      Date of Building Construction: 1956  
 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: 310 Campbell St  
 City: Winona      State: MS      Zip Code: 38967      County: Montgomery  
 Number of Units to be Abated/Renovated in the Building: 7

### II. BUILDING OWNER INFORMATION

Mr./Mrs.: Artie Bibbs  
 Address of Owner: 310 Campbell St      City: Winona      State: MS      ZIP: 38967  
 Telephone Number: (662) 283-4802

### III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Austin Floyd  
 Firm Certification Number: PBR-00008576      Telephone Number: (662) 266-8801      Exp. Date: 03/23/2023  
 Address of Certified Firm: 1109 County Road 59  
 City: New Albany      State: MS      Zip Code: 38652

### IV. INSPECTION INFORMATION

Name of Renovator/Inspector/Risk Assessor Conducting Inspection: \_\_\_\_\_  
 Certification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Date Inspection Conducted: \_\_\_\_\_  
 Test Method Used & Manufacturer of Testing Equipment: \_\_\_\_\_  
 For Paint Chip Analysis, Name of Laboratory: \_\_\_\_\_ Certification Number: \_\_\_\_\_

### V. GENERAL CONTRACTOR (Other)

Name of Firm: Windows USA  
 Firm Mailing Address: PO Box 222      Royal, AR 71968  
 Contact Person: Chrystal Baugher      Telephone Number: (501) 287-4826

### VI. PROJECT DATES

Lead Project Start: 12 / 22 / 2022      Lead Project Stop: 12 / 24 / 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)**

Retro Fit Pocket Replacement of Existing Windows with New Vinyl Windows

**IX. WASTE TRANSPORTER**

Name: Austin Floyd

Full Mailing Address: 1109 County Road 59

City: New Albany State: MS Zip Code: 38652

Contact: Austin Floyd Telephone Number: (662) 266-8801

**X. WASTE LEAD DISPOSAL SITE**

Site Name: Canton Sanitary Landfill

Physical Address: 303 Soldiers Colony Rd

Full Mailing Address: \_\_\_\_\_

City: Canton State: MS Zip Code: 39046

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

Site Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

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 Austin Floyd

Signature Austin Floyd

Date 12/15/2022

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

Mailing Address: 1109 County Road 59

City: New Albany State: MS Zip Code: 38652

Contact: Austin Floyd Telephone Number: (662) 266-8801

Email: austin.floyd@windowsusa.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