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



| MDEQ Us | e Only: | THE PARTY STORES AND ADDRESS AND ADDRESS AND | Postmark (mail only) | Date Received | AI Number | | | |
|----------------|---|--|--|------------------------|--|--|--|--|
| ⊠ Email | | Hand Delivery | | 12-21-2022 | | | | |
| Please che | eck all ap | plicable boxes for | Renovation Date of the type of Notification: | Original Revision | tion: 1960 Cancellation Emergency | | | |
| | | | | | | | | |
| | Target Ho Child-Oc Physical | cupied Facility: Address Project S |]] ite: 1715 5th Ave S | 20701 | Lowndes | | | |
| | City: Columbus State: MS Zip Code: 39701 County: Lowndes | | | | | | | |
| | Number of Units to be Abated/Renovated in the Building: 6 | | | | | | | |
| | BUILDING OWNER INFORMATION Mr./Mrs.: Yulanda Lewis | | | | | | | |
| | Address | of Owner: 1715 5th | Ave City: | Columbus | State: MS ZIP: 39701 | | | |
| | Telephone Number: (662) 574-4733 | | | | | | | |
| | | | ATION CONTRACTOR | INFORMATION | | | | |
| | Name of Certified Lead Abatement/Renovator Firm: Dustin Hill | | | | | | | |
| | Firm Certification Number: PBR-00009477 Telephone Number: (662) 659-9524 Exp. Date: 01/12/2023 | | | | | | | |
| | Address of Certified Firm: 1077 County Rd 66 | | | | | | | |
| | City: My | rtle | State: MS | | Zip Code: 38650 | | | |
| | | | | the same from the same | and the state of t | | | |
| 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: | | | | | | | |
| | | | | | ion Number: | | | |
| v. | GENER | RAL CONTRAC | TOR (Other) | | | | | |
| | Name of Firm: Windows USA | | | | | | | |
| | Firm Ma | ailing Address: PC | Box 222 Royal, AR | | 4504 \ 207 4026 | | | |
| | Contact Person: Chrystal Baugher Telephone Number: (501) 287-4826 | | | | | | | |
| | | CT DATES oject Start: 01 | /02 /2023 L | ead Project Stop: 01 | /04 /2023 | | | |
| | Abatement/Renovation to be done during what time? Day (5 a.m 5 p.m.) Evening (5 p.m 8 p.r. Night (8 p.m 5 a.m.) Weekend | | | | | | | |
| VII | DESCR | IPTION OF PR | OCEDURES TO BE USI | ED (CHECK ALL T | THAT APPLY) | | | |
| 7 21. | ☐ Wet | Sanding [tainment [er – Explain | Component Removal Strip and Removal | Heat Gun Negative Air | Encapsulation | | | |

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: Dustin Hill | | | | | | | | |
|-------|--|---|-------------------|------------------------------|--|--|--|--|--|
| | Full Mailing Address: 1077 County Rd 66 | | | | | | | | |
| | City: Myrtle State: MS Zip Code: 38650 | | | | | | | | |
| | Contact: Dustin Hill | | | 24 | | | | | |
| | | | | | | | | | |
| X. | WASTE LEAD DISPOSAL SITE | | | | | | | | |
| | Site Name: The Faircloth Rubbish Landfill | | | | | | | | |
| | Physical Address: 1312 Springdale Rd . | | | | | | | | |
| | Full Mailing Address: | | | | | | | | |
| | City: Clinton | State: MS | Zip Code: | | | | | | |
| XI. | DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD Site Name: | | | | | | | | |
| | Physical Address: | | | 7 - 1911 - 19 - 19 - 19 - 19 | | | | | |
| | Full Mailing Address: | | | | | | | | |
| | City: | State: | Zip Code: | | | | | | |
| | Contact Person: | Telephone Numbe | r: () | | | | | | |
| XIII | being conducted, the certified supervisor able to be present at the work site in no RENOVATION A certified renovator is required for each are posted, while the required work are performed. The certified renovator must | more than 2 hours. h renovation project and shall be a containment is being establishe | e physically pres | ent when the required signs | | | | | |
| | available either onsite or by telephone a | t all times renovations are being | conducted. | i maividuais and must be | | | | | |
| XIV. | CERTIFICATION OF ACCURA | CY | | | | | | | |
| | I certify that all of the above information | | | | | | | | |
| | Print Dustin Hill | Signature Duch | ku | Date 12/21/2022 | | | | | |
| | Contact information for return mail or o | questions concerning the informa | | ice | | | | | |
| | Mailing Address: 1077 County Rd 6 | 66 | 2 3 A S | | | | | | |
| | City: Myrtle | State: M | S Z | ip Code: 38650 | | | | | |
| | Contact: Dustin Hill | Telephone Number: (662) 659-9524 | | | | | | | |
| | Email: dustin.hill@windowsusa.con | 1 | | | | | | | |
| Refer | to fee schedule to calculate required | notification fee. Notification | fee must be sul | hmitted with notification | | | | | |
| | L TO: Mississippi Department of En Lead Notifications P.O. Box 2261, Jackson, MS | nvironmental Quality | | , | | | | | |