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



| Address of Certified Firm: 1140 CR 73 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: 01 /09 /2023 Lead Project Stop: 01 /11 /2023 | MDEQ Us Email | e Only: Mail Hand Delive | Postmark (mail only) | Date Received 12/30/22 | AI Number |
|--|------------------|--|---|---|--|
| I. PROJECT/SITE INFORMATION Target Housing: □ Child-Occupied Facility: □ Physical Address Project Site: 505 Chestnut St City: Grenada State: MS Zip Code; 38901 County: Grenada Number of Units to be Abated/Renovated in the Building; 13 II. BUILDING OWNER INFORMATION Mr./Mrs.: Kenneth or Loretta Body Address of Owner; 505 Chestnut St Telephone Number: (662) 417-5471 III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION Name of Certified Lead Abatement/Renovator Firm: Terry Thomas Firm Certification Number: PBR-00008574 Telephone Number: (682) 317-0181 Exp. Date: 01/05/20: Address of Certified Firm: 1140 CR 73 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: 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: 01 /09 /2023 Lead Project Stop: 01 /11 /2023 Abatement/Renovation to be done during what time? □Day (5 a.m. − 5 p.m.) □Evening (5 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 □ Negative Air □ Enclosure | Please che | eck all applicable boxes | for the type of Notification | : Original Revisio | |
| City: Grenada State: MS Zip Code: 38901 County: Grenada Number of Units to be Abated/Renovated in the Building: 13 II. BUILDING OWNER INFORMATION Mr./Mrs.: Kenneth or Loretta Body Address of Owner: 505 Chestnut St City: Grenada State: MS ZIP: 38901 Telephone Number: (662) 417-5471 III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION Name of Certified Lead Abatement/Renovator Firm: Terry Thomas Firm Certification Number: PBR-00008574 Telephone Number: (662) 317-0181 Exp. Date: 01/05/20: Address of Certified Firm: 1140 CR 73 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: 01 /09 /2023 Lead Project Stop: 01 /11 /2023 Abatement/Renovation to be done during what time? Day (5 a.m 5 p.m.) Evening (5 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 Strip and Removal Readers. | I.] | PROJECT/SITE INITERING Target Housing: Child-Occupied Facility | FORMATION | ior mis project. | |
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| Wet Sanding □ Component Removal □ Heat Gun □ Encapsulation ■ Containment □ Strip and Removal □ Negative Air □ Enclosure | -1 | Lead Project Start: 01 | to be done during what ti | me? ■Day (5 a.m. – 5 | 5 p.m.) Evening (5 p.m. – 8 p. |
| Wet Sanding □ Component Removal □ Heat Gun □ Encapsulation ■ Containment □ Strip and Removal □ Negative Air □ Enclosure | VII. | DESCRIPTION OF | PROCEDURES TO BE U | SED (CHECK ALL | THAT APPLY) |
| | | Wet Sanding Containment | Component Removal | Heat Gun | 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: Terry Thomas | | | | | | |
|-------|---|--|---|----------|--|--|--|
| | Full Mailing Address: 1140 CR 73 | | | _ | | | |
| | City: New Albany | State: MS | Zip Code: 38652 | — | | | |
| | Contact: Terry Thomas | Telephone Number | r: (⁶⁶²)317-0181 | _ | | | |
| X. | WASTE LEAD DISPOSAL SITE | | | • | | | |
| | Site Name: The Faircloth Rubbish Landfill | l | | | | | |
| | Physical Address: 1312 Springridge Roa | | | | | | |
| | Full Mailing Address: | | | _ | | | |
| | City: Clinton | State: MS | Zip Code: | | | | |
| XI. | DISPOSAL SITE FOR DEBRIS OTH | | • | | | | |
| | Site Name:Physical Address: | | | | | | |
| | Physical Address: | | | | | | |
| | | | | | | | |
| | Full Mailing Address: City: | State: | Zip Code: | | | | |
| | Contact Person: NOTE: All debris (other than lead) should g | Telephone Number | er: () | | | | |
| | NOTE: All debris (other than lead) should g | o to an authorized Rubbi | ish Site, or to a permitted sanitary landf | ill. | | | |
| XII. | ABATEMENT | | | | | | |
| | A certified supervisor is required for each abarduring the post-abatement cleanup and clearar being conducted, the certified supervisor shall able to be present at the work site in no more t | nce of work areas. At all be onsite or available by | other times when abatement activities ar | e | | | |
| хпі | .RENOVATION | | | | | | |
| | A certified renovator is required for each reno are posted, while the required work area conta performed. The certified renovator must regu available either onsite or by telephone at all tir | inment is being establish larly direct work being p | ned, and while required work area cleaning performed by other individuals and must | ıg is | | | |
| XIV. | CERTIFICATION OF ACCURACY | | | | | | |
| | I certify that all of the above information is con | rrect. | | | | | |
| | Print Terry Thomas Si | ignature <u>Terry</u> T | thanas Date 12/30/2022 | <u>:</u> | | | |
| | Contact information for return mail or question | • | | | | | |
| | Mailing Address: 1140 CR 73 | | | | | | |
| | City: New Albany | State: <u>N</u> | MS Zip Code: <u>38652</u> | | | | |
| | Contact: Terry Thomas | Telephone l | Number: (662) 317-0181 | | | | |
| | Email: terry.thomas@windowsusa.com | | | | | | |
| Refe | r to fee schedule to calculate required notifi | ication fee. Notification | n fee must be submitted with notificat | ion. | | | |
| | | | | | | | |
| IVIA1 | L TO: Mississippi Department of Enviror Lead Notifications P.O. Box 2261, Jackson, MS 39225 | | | | | | |