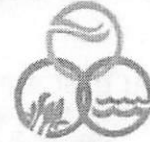


Mississippi Office of Pollution Control
 Lead-Based Paint Abatement/Renovation Notification



| | | | |
|--|----------------------|--------------------------|-----------|
| MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery | Postmark (mail only) | Date Received 1-10-23 | AI Number |
|--|----------------------|--------------------------|-----------|

Project Type: Abatement Renovation Date of Building Construction: 1968
 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: 595 Peavine Road
 City: Cold Water State: MS Zip Code: 38671 County: Desoto
 Number of Units to be Abated/Renovated in the Building: 1

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Toni Hall
 Address of Owner: 595 Peavine Road City: Cold Water State: MS ZIP: 38671
 Telephone Number: (901) 289-5424

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: All Seasons
 Firm Certification Number: NBF-00000730 Telephone Number: (901) 331-2415 Exp. Date: 5/7/2023
 Address of Certified Firm: 3425 Hwy 194
 City: Rossville State: TN Zip Code: 38066

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: Assumed
 For Paint Chip Analysis, Name of Laboratory: _____ Certification Number: _____

V. GENERAL CONTRACTOR (Other)

Name of Firm: THE HOME DEPOT
 Firm Mailing Address: 2455 Paces Ferry Rd C-11
 Contact Person: Director of Services Compliance Telephone Number: (770) 384-4422

VI. PROJECT DATES

Lead Project Start: 01 /26 /23 Lead Project Stop: 01 /26 /23
 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)

Retrofitting and component removal for 3 windows

IX. WASTE TRANSPORTER

Name: N/A

Full Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Telephone Number: (____) _____

X. WASTE LEAD DISPOSAL SITE

Site Name: --see onsite personnel--

Physical Address: _____

Full Mailing Address: _____

City: _____ State: _____ Zip Code: _____

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name: --see onsite personnel--

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 Heather Shutley/The Home Depot Signature Heather Shutley Date 1/6/23

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

Mailing Address: 2455 Paces Ferry Road C12

City: Atlanta State: GA Zip Code: 30339

Contact: Heather Shutley Telephone Number: (404) 353-6786

Email: AHS_LSWPWORKORDERREQUEST@HOMEDEPOT.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