

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>4-25-23</u>	AI Number
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Project Type: Abatement Renovation Date of Building Construction: 1972
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: 110 Lassere Circle
City: Long Beach State: MS Zip Code: 39560 County: Harrison
Number of Units to be Abated/Renovated in the Building: 1

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Richard Moseley
Address of Owner: 110 Lassere Circle City: Long Beach State: MS ZIP: 39560
Telephone Number: (434) 987-4365

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: James Adams
Firm Certification Number: PBR-00009925 Telephone Number: (504) 382-4578 Exp. Date: 1/31/24
Address of Certified Firm: 419 Carolyn
City: New Orleans State: LA Zip Code: 70123

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: 05 / 15 / 2023 Lead Project Stop: 05 / 15 / 2023
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 7 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  Date 04/20/2023

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

Mailing Address: 2455 Paces 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