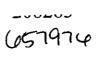
DEF

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





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: Christine Walker Telephone Number: (501) 760-0292 VI. PROJECT DATES Lead Project Start: 04 /04 /2024 Abatement/Renovation to be done during what time? Day (5 a.m 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	MDEQ U ⊠Email]Hand Delivery	Postmark (mail only)	Date Received 03-28-2024	Al Number	
Rease check all applicable boxes for the type of Notification:	roiect	Type: \[\int A	batement 🔳	Renovation Date	of Building Construc	tion: 1975	
Target Housing: Child-Occupied Facility: Physical Address Project Site: 269 Chickasaw Street City: Holly Springs State: MS Zip Code: 38635 County: Marshall Number of Units to be Abated/Renovated in the Building: Replacing 11 windows II. BUILDING OWNER INFORMATION Mr./Mrs.: Lillian Campbell Address of Owner; 269 Chickasaw Street Telephone Number: (662)544-3511 III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION Name of Certified Lead Abatement/Renovator Firm: Austin Floyd Firm Certification Number: PBR-00008576 Telephone Number: (562)266-8801 Exp. Date: 03/23/202 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: Christine Walker Telephone Number: (501)760-0292 VI. PROJECT DATES Lead Project Start: 04	lease ch	eck all appli	cable boxes for	the type of Notification:	■Original □Revision	Cancellation Emergency	
Physical Address Project Site: 269 Chickasaw Street City:Holly Springs State: MS Zip Code: 38635 County:Marshall Number of Units to be Abated/Renovated in the Building: Replacing 11 windows II. BUILDING OWNER INFORMATION Mtr./Mrs. Lillian Campbell Address of Owner: 269 Chickasaw Street City: Holly Springs State: MS ZIP: 38635 Telephone Number: (662) 544-3511 III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION Name of Certified Lead Abatement/Renovator Firm: Austin Floyd Firm Certification Number: PBR-00008576 Telephone Number: (562) 266-8801 Exp. Date: 03/23/202 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: Date Inspection Number: For Paint Chip Analysis, Name of Laboratory: Certification Number: Certification Number: Test Method Used & Manufacturer of Testing Equipment: Certification Number: Test Method Used & Manufacturer of Testing Equipment: Test Method Used & M	I.	Target Housing: Child-Occupied Facility:					
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Mr./Mrs.:Lillian Campbell Address of Owner: 269 Chickasaw Street		Number of U	Jnits to be Abat	ed/Renovated in the Buildir	ng: Itepiacing in wind		
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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	VI.	Lead Project Start: <u>04 / 04 / 2024</u> Lead Project Stop: <u>04 / 04 / 2024</u>					
☐ Wet Sanding ☐ Component Removal ☐ Heat Gun ☐ Encapsulation		Abatement	Renovation to	be done during what tin			
☐ Wet Sanding ☐ Component Removal ☐ Heat Gun ☐ Encapsulation	VII.	DESCRIP	TION OF PR	OCEDURES TO BE US	SED (CHECK ALL T	ГНАТ APPLY)	
	* 4.4.	☐ Wet Sa:	nding [_	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: Austin Floyd							
	Full Mailing Address: 1109 County Ro	pad 59						
			Zip Code: 38652					
		ontact: Austin Floyd Telephone Number: (662) 266-8801						
х.	WASTE LEAD DISPOSAL SITE							
	Site Name: Mt Helm Landfill							
	Physical Address: 495 Mt Helm Rd							
	Full Mailing Address:							
	City: Brandon	State: MS	Zip Code: 39047					
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 a during the post-abatement cleanup and cleanup conducted, the certified supervisor shable to be present at the work site in no mo	arance of work areas. At all (Iall be onsite or available by t	oe onsite during all work site preparation and other times when abatement activities are elephone, pager, or answering service, and					
XIII	.RENOVATION							
	A certified renovator is required for each r	ontainment is being establishe egularly direct work being pe	e physically present when the required signs ed, and while required work area cleaning is erformed by other individuals and must be conducted.					
XIV	CERTIFICATION OF ACCURAC	Y						
	I certify that all of the above information is	/ / .	· 11. 1					
	Print Austin Floyd	Signature Musili	1 Hoyd Date 03/28/2024					
	Contact information for return mail or questions concerning the information on this Notice							
	Mailing Address: 1109 County Road 5							
		State: <u>M</u>						
	Contact: Austin Floyd		Number: (<u>662</u>) <u>266-8801</u>					
	Email: austin.floyd@windowsusa.com	1						
Refe	r to fee schedule to calculate required no	otification fee. Notification	fee must be submitted with notification.					
	L TO: Mississippi Department of Envi Lead Notifications							

P.O. Box 2261, Jackson, MS 39225