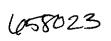
Mississippi Office of Pollution Control Lead-Based Paint Abatement/Renovation Notification





MDEQ U	se Only:		Postmark (mail onl	y)	Date Received	AI Number	
⊠ Email	Mail	Hand Delivery			03-28-2024		
Droject T	Type:] Abatement	Renovation	Date of	Building Construc	tion: 1972	
Plaasa ch	rypc. ∟ ock all an	nlicable hoves for	the type of Notifi	cation:	Original Revision	Cancellation	Emergency
l lease ch Please ch	teck air ap heck if as	shestos notificati	on was also subr	nitted for	this project: 🗌		_
					.		
I.	Target Ho	CT/SITE INFOR ousing: cupied Facility:					
	Physical	Address Project S	_{site:} 1569 Pleas	ant Hill Ro	oad		
	City Col	umbus	State: MS	Zip	Code: 39702 Co	ounty: Lowndes	
	Number of	of Units to be Abat	ed/Renovated in th	e Building:	Replacing 12 Wind	dows	
					_		
II.		ING OWNER IN					
	Mr./Mrs.	Jacqueline Eas	leasant Hill Roa	d a:	Columbus	State: MS ZII	39702
	Address	of Owner: 1509 F	74-0362	City:	Ocidinibus	_ State: ZII	
		e Number: (<u>662</u>)					
III.	ABATE	MENT/RENOV	ATION CONTI	RACTOR	INFORMATION		
	Name of	f Certified Lead	Abatement/Ren	ovator Fir	m: Jacob Kent		
	Firm Ce	rtification Numbe	er: PBR-00011865	_ Telephor	ne Number:(<u>662</u>)310	6-6365 Exp. Da	nte: 02/05/2024
		of Certified Firm					02/05/2025
		w Albany		State: MS		Zip Code: 38652	
	•					-	
IV.	INSPEC	CTION INFORM	1ATION vector/Risk Asse	ssor Cond	lucting Inspection:		
	Cartifica	tion Number	Fv:	n Date:	Date In	spection Conducte	ed: 370
	Certifica	tion Number:	LX	p. Date ina Equip	mant:	spection conduct	LOW ATTER T
	Test Me	thod Used & Mai	nuracturer of Test	ing Equip	ment:	tian Numban	
	For Pain	it Chip Analysis,	Name of Laborat	ory:	Certificat	iion Number	
V.	GENER	RAL CONTRAC	TOR (Other)				
	Name of	f Firm: Windows U	JSA				
	Firm Ma	ailing Address: Po	D Box 222 Royal,	AR 71968			
	Contact	Person: Christine	Walker		Telephone Numb	er:(501)760-0292	<u>-</u>
				-			
VI.	Lead Pr	CT DATES oject Start: 04	_/04/2024		ead Project Stop: 04		0 0
	Abatem	ent/Renovation t	o be done during	what time	? Day (5 a.m. – 5	5 a.m.) Week	ng (<u>5_p.m.</u> – 8 p.m end
VII.	DESCR	RIPTION OF PR			CD (CHECK ALL)	_	1
	=	Sanding	Component Re		Heat Gun	= .	psulation
		tainment [er – Explain	Strip and Rem	ovai	Negative Ai		<i>Joui C</i>

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: Jacob Kent			
	Full Mailing Address: 1004 CR 340			-
	City: New Albany	State: MS	Zip Code:	38652
	Contact: Jacob Kent			
Χ.	WASTE LEAD DISPOSAL SITE Site Name: The Faircloth Rubbish Landfill			.7
	Physical Address: 1312 Springridge Road			
	Full Mailing Address:			
	City: Clinton			
	DISPOSAL SITE FOR DEBRIS OTHE	R THAN LEAD		
	Site Name:			
	Physical Address:			
	Full Mailing Address:			<u> </u>
		_	Zin Code	
	City:	State:	Zip Code	
	City:Contact Person:	Telephone Numbe	er: ()	
XII.	Contact Person: NOTE: All debris (other than lead) should go	Telephone Numbe	er: ()	
XII.	Contact Person:	Telephone Number to an authorized Rubber ment project and shall the of work areas. At all the onsite or available by	er: () ish Site, or to a p be onsite during a other times when	ermitted sanitary landfill. Ill work site preparation and abatement activities are
	Contact Person: NOTE: All debris (other than lead) should go ABATEMENT A certified supervisor is required for each abate during the post-abatement cleanup and clearance being conducted, the certified supervisor shall be able to be present at the work site in no more the RENOVATION	Telephone Number to an authorized Rubber ment project and shall be of work areas. At all e onsite or available by an 2 hours.	er: () ish Site, or to a p be onsite during a other times when telephone, pager,	ermitted sanitary landfill. Ill work site preparation and abatement activities are or answering service, and
	Contact Person: NOTE: All debris (other than lead) should go ABATEMENT A certified supervisor is required for each abate during the post-abatement cleanup and clearance being conducted, the certified supervisor shall be able to be present at the work site in no more than the state of the	Telephone Number to an authorized Rubber ment project and shall the of work areas. At all the onsite or available by an 2 hours. Aution project and shall in the project and shall in the project and shall in the project work being project work work work work work work work work	er: () ish Site, or to a p be onsite during a other times when telephone, pager, be physically pres led, and while req serformed by othe	ermitted sanitary landfill. Ill work site preparation and abatement activities are or answering service, and ent when the required signs uired work area cleaning is
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P.O. Box 2261, Jackson, MS 39225