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





MDEQ U Email	se Only: Mail Hand Delivery	Postmark (mail only)	4/06/2024	Al Number	
Please ch	Type: Abatement eck all applicable boxes for heck if asbestos notification	the type of Notification: 🔳	Original Revision		y
I.	PROJECT/SITE INFOR Target Housing: Child-Occupied Facility: Physical Address Project Si City: Belden Number of Units to be Abate	te: 3603 Fair Oaks Dr	Code: 38826 Count	<sub>y:</sub> Lee s	
II.	BUILDING OWNER IN Mr./Mrs.: Cathey Clanton Address of Owner: 3603 Fa	ir Oaks Dr City:	Belden St	ate: MS ZIP: 38826	
III.	Name of Certified Lead A Firm Certification Number Address of Certified Firm: City: New Albany	hbatement/Renovator Fir PBR-00011865 Telephon	<b>m:</b> Jacob Kent ne Number:( <u><sup>662</sup>)</u> 316-63		 <mark>240</mark> 2/05/2025 
IV.	INSPECTION INFORM Name of Renovator/Inspectification Number: Test Method Used & Manu For Paint Chip Analysis, N	ATION ector/Risk Assessor Cond Exp. Date: nfacturer of Testing Equip	ucting Inspection: Date Inspec	etion Conducted:	_
V.	GENERAL CONTRACT Name of Firm: Windows US Firm Mailing Address: PO Contact Person: Christine W	SA Box 222 Royal, AR 71968	Telephone Number:(	501)760-0292	_ _ _
VI.	PROJECT DATES Lead Project Start: 04 Abatement/Renovation to		ad Project Stop: 04 Day (5 a.m. – 5 p.m Night (8 p.m. – 5 a.	n.) Evening (5 p.m. –	8 p.m.)
VII.	DESCRIPTION OF PRO  Wet Sanding Containment Other − Explain	CEDURES TO BE USE Component Removal Strip and Removal	D (CHECK ALL THATE)  Heat Gun  Negative Air	AT APPLY)  Encapsulation Enclosure	

## 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.	1			
	Name: Jacob Kent			
	Full Mailing Address: 1004 CR 340	MC	29652	
			Zip Code: 38652	
	Contact: Jacob Kent	Telephone Number	:: (662) 316-6365	
X.	WASTE LEAD DISPOSAL SITE			
	Site Name: The Faircloth Rubbish Landfil			
	Physical Address: 1312 Springridge Roa			
	Full Mailing Address:			
	City: Clinton	State: MS	Zip Code:	
XI.	DISPOSAL SITE FOR DEBRIS OTH			
<b>X1.</b>	Site Name:			
	Physical Address:			
	Full Mailing Address:			
		State:	ZID Code.	
	City:			
		Telephone Number	er: ()	
XII.	City: Contact Person: NOTE: All debris (other than lead) should g  ABATEMENT	Telephone Numbers to an authorized Rubb	er: ()_ ish Site, or to a permitted	sanitary landfill.
XII.	City: Contact Person: NOTE: All debris (other than lead) should g	Telephone Numbers to an authorized Rubbers tement project and shall nice of work areas. At all the onsite or available by	er: ()ish Site, or to a permitted  be onsite during all work s  other times when abateme	sanitary landfill.  ite preparation and activities are
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P.O. Box 2261, Jackson, MS 39225