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





MDEQ U Email		Hand Delivery	Postmark (mail only)		Date Received 4/06/2024	AI Number			
			Renovation	Date of	Building Construction	n: 1970			
Please ch	eck all ap	plicable boxes for	the type of Notifica	ation:	Original Revision	Cancellation Emergence	ey		
			on was also submi						
I.	PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility:								
	Physical Address Project Site: 2613 Murphree Dr								
	City: Greenwood State: MS Zip Code: 38930 County: Leflore Number of Units to be Abated/Renovated in the Building: Replacing 9 Windows								
	Number o	of Units to be Abat	ed/Renovated in the	Building:	replacing 9 window	3			
II.	BUILDING OWNER INFORMATION								
	Mr./Mrs.:	Mary Anthony	Lumbroo Dr	~	Greenwood S	tate: MS ZIP: 38930			
			lurphree Dr	City:_	Greenwood S	tate: Wo ZIP: 30000			
		Telephone Number: (662)392-0419							
III.		ABATEMENT/RENOVATION CONTRACTOR INFORMATION							
	Name of Certified Lead Abatement/Renovator Firm: Jacob Kent								
	Firm Certification Number: PBR-00011865 Telephone Number: (662) 316-6365 Exp. Date: 02/05/202402/05/2025 Address of Certified Firm: 1004 CR 340								
		of Certified Firm	1: 1004 CR 340	NS.	7	:- C-d-: 38652			
	City: Nev	w Albany	2	state: Wo	Z	ip Code: 60002			
IV.	INSPECTION INFORMATION								
	Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Date Inspection Conducted: 393								
	Certification Number: Exp. Date: Date Inspection Conducted: 893								
	Test Method Used & Manufacturer of Testing Equipment: For Paint Chip Analysis, Name of Laboratory: Certification Number:								
				у	ecrimeation	Trumour.			
V.		AL CONTRAC							
	Name of Firm: Windows USA PO Box 222 Royal AR 71968								
	Firm Mailing Address: PO Box 222 Royal, AR 71968 Contact Person: Christine Walker Telephone Number: (501) 760-0292								
			Walker		Telephone Number	(-		
VI.	Lead Pro	J	/15 /2024		ad Project Stop: 04	The state of the s	8 m m)		
	Abateme	ent/Renovation t	o be done during w	hat time	P ■Day (5 a.m. – 5 p.: Night (8 p.m. – 5 a		– 8 p.m.)		
VII.	DESCR	IPTION OF PR	OCEDURES TO	BE USE	D (CHECK ALL TH	(AT APPLY)			
a mai	☐ Wet	Sanding [ainment [Component Ren	noval	☐ Heat Gun ☐ Negative Air	☐ 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.									
	Name: Jacob Kent Full Mailing Address: 1004 CR 340								
	City: New Albany	State: MS	Zin Code: 3	8652					
	Contact: Jacob Kent	Telephone Number:	(662) 316-6365						
х.	WASTE LEAD DISPOSAL SITE	-							
	Site Name: The Faircloth Rubbish Landfill			u e					
	Physical Address: 1312 Springridge Road			-3 p					
	Full Mailing Address: City: Clinton	State: MS	Zip Code:_						
XI.	DISPOSAL SITE FOR DEBRIS OTHE								
	Site Name:								
	Physical Address:								
	Full Mailing Address:								
	City:	State:	Zip Code:_						
	Contact Person:	Telephone Numbe	r: ()						
	Contact Person: Telephone Number: () NOTE: All debris (other than lead) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.								
	A certified supervisor is required for each abate during the post-abatement cleanup and clearand being conducted, the certified supervisor shall be able to be present at the work site in no more the	ce of work areas. At all e e onsite or available by t	other times when a	abatement activities are					
XIII	I.RENOVATION								
	A certified renovator is required for each renovare posted, while the required work area contain performed. The certified renovator must regular available either onsite or by telephone at all times.	nment is being establishe arly direct work being pe	ed, and while requ erformed by other	ired work area cleaning is					
XIV	CERTIFICATION OF ACCURACY			lan					
	I certify that all of the above information is corn	ect.	11. 6						
	The second secon	gnature All) KUT	Date _04/06/2024					
	Contact information for return mail or questions concerning the information on this Notice Mailing Address: 1004 CR 340								
	City: New Albany	State: N	AS Zii	Code: 38652					
	Contact: Jacob Kent		Number: (662)						
	Email: jacob.kent@windowsua.com		\	N. California					
		ation for Natification	foo must ho sub	mitted with notification					
Refe	er to fee schedule to calculate required notific		i iee must be sub						
MA	IL TO: Mississippi Department of Environ	mental Quality							

P.O. Box 2261, Jackson, MS 39225