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





| | Mail Hand Delivery | 04-13-20 | *** | 04-15-2024 | Al Numbe | | | |
|---|---|-----------------|--------------|-------------------|-----------------------------|---------------|--|--|
| niect T | Type: Abatement | | ** | Building Construc | tion: 1976 | | | |
| | eck all applicable boxes for | | | | | ion Emergency | | |
| ase ch | eck if asbestos notificati | on was also sub | mitted for t | nis project: 🗌 | | | | |
| I. 1 | PROJECT/SITE INFO | RMATION | | | | | | |
| | Target Housing: Child-Occupied Facility: Physical Address Project Site: 310 Park Lane | | | | | | | |
| , | | | | | | | | |
| | City: Jackson State: MS Zip Code: 39212 County: Hinds | | | | | | | |
| | Number of Units to be Abated/Renovated in the Building: Replacing 12 windows | | | | | | | |
| | | | | | | | | |
| | BUILDING OWNER INFORMATION Mr./Mrs.: JC Hogan | | | | | | | |
| | Address of Owner: 310 Pa | rk I ane | C:la | nckson | c MS | 7ID 39212 | | |
| 1 | Telephone Number: (601) | 27-8482 | City: | ionoon | _State:_WO | _ ZIP: 002 12 | | |
| | • | | | | | | | |
| | ABATEMENT/RENOVATION CONTRACTOR INFORMATION | | | | | | | |
| | Name of Certified Lead Abatement/Renovator Firm: Brian Wraight | | | | | | | |
| | Firm Certification Number: PBR-00011222 Telephone Number: (601) 850-7154 Exp. Date: 07/21/2024 | | | | | | | |
| 1 | Address of Certified Firm: 121 David Henderson Rd | | | | | | | |
| (| City: Pelahatchie | | _State: MS_ | | Zip Code: 3 | 9145 | | |
| [V.] | INSPECTION INFORM | IATION | | | | | | |
| | 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 CONTRAC | TOR (Other) | | | | | | |
| | Name of Firm: Windows U | 8 5 | | | | 577. | | |
| I | Firm Mailing Address: PO Box 222 Royal, AR 71968 | | | | | | | |
| | Contact Person: Christine Walker Telephone Number: (501) 760-0292 | | | | | | | |
| | | | | rerepriene rame. | or.() | | | |
| | PROJECT DATES Lead Project Start: 04 /24 /2024 Lead Project Stop: 04 /24 /2024 | | | | | | | |
| 1 | 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.) \[\Bullet \text{W} | eekend/ | | |
| /II. I | DESCRIPTION OF PROCEDURES TO BE USED (CHECK ALL THAT APPLY) | | | | | | | |
| Γ | Wet Sanding | Component Re | | Heat Gun | | Encapsulation | | |
| ֓֞֞֞֞֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֡֓֡֓֓֡֓֡֓֡֓֡֓֡֓֡ | Containment Other – Explain | Strip and Rem | | ☐ Negative Air | | nclosure | | |

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: Brian Wraight | | | | | | | |
| | Full Mailing Address: 121 David Hender | | | | | | | |
| | City: Pelahatchie | State: MS | Zip Code: 39 | 9145 | | | | |
| | Contact: Brian Wraight | Telephone Number: | $(\underline{^{601}})\underline{850-7154}$ | | | | | |
| X. | WASTE LEAD DISPOSAL SITE | | | | | | | |
| | Site Name: Mt. Helm Landrill | | | | | | | |
| | Physical Address: 495 Mt Helm Rd | | | | | | | |
| | Full Mailing Address: 495 Mt Helm Rd | | | | | | | |
| | City: Brandon | State: MS | Zip Code: 39 | 9047 | | | | |
| XI. | DISPOSAL SITE FOR DEBRIS OTH | ER 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 abaduring the post-abatement cleanup and clearabeing conducted, the certified supervisor shall able to be present at the work site in no more | nce of work areas. At all obe onsite or available by t | other times when a | batement activities are | | | | |
| XIII | .RENOVATION | | | | | | | |
| | A certified renovator is required for each renovator posted, while the required work area contaperformed. The certified renovator must regulavailable either onsite or by telephone at all times. | ainment is being establishe llarly direct work being pe | d, and while requi | red work area cleaning is | | | | |
| XIV | CERTIFICATION OF ACCURACY | 0 | | | | | | |
| | I certify that all of the above information is co | rrect. | Waight | | | | | |
| | Print Brian Wraight S | ignature / MM / | wangu | Date 04/13/2024 | | | | |
| | Contact information for return mail or questions concerning the information on this Notice | | | | | | | |
| | Mailing Address: 121 David Henderson F | ₹d | | -3 | | | | |
| | City: Pelahatchie | State: N | | Code: 39145 | | | | |
| | Contact: Brian Wraight Telephone Number: (601) 850-7154 | | | | | | | |
| | Email: brian.wraight@windowsusa.com | | | | | | | |
| D of o | r to fee schedule to calculate required notif | ication fee Notification | fee must be subr | nitted with notification | | | | |
| | | | ice must be subt | THE PERSON NAMED IN COLUMN TWO | | | | |
| MAI | L TO: Mississippi Department of Environment Lead Notifications | nmental Quality | | | | | | |
| | Leau intilications | | | | | | | |

P.O. Box 2261, Jackson, MS 39225