

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



<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	<b>Postmark (mail only)</b>	<b>Date Received</b> 7/18/2024	<b>AI Number</b>
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**Project Type:**     Abatement     Renovation    **Date of Building Construction:** 1960  
 Please check all applicable boxes for the type of Notification:     Original     Revision     Cancellation     Emergency  
 Please check if asbestos notification was also submitted for this project:   

### I. PROJECT/SITE INFORMATION

Target Housing:      
 Child-Occupied Facility:   

**Physical Address Project Site:** 114 MAPLE STREET  
 City: COLUMBUS    State: MS    Zip Code: 39702    County: LOWNDES  
 Number of Units to be Abated/Renovated in the Building: 8 WINDOWS

### II. BUILDING OWNER INFORMATION

Mr./Mrs.: TIMMY HODGES  
 Address of Owner: 114 MAPLE STREET    City: COLUMBUS    State: MS    ZIP: 39702  
 Telephone Number: (662) 435-0592

### III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

**Name of Certified Lead Abatement/Renovator Firm:** WESLEY DE SILVA BRAGA  
 Firm Certification Number: PBR-00012689    Telephone Number: (662) 842-5201    Exp. Date: 03/21/2025  
 Address of Certified Firm: 4979 CLIFF GOOKIN BLVD  
 City: TUPELO    State: MS    Zip Code: 38801

### 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: LEAD CHECK SWAB  
 For Paint Chip Analysis, Name of Laboratory: \_\_\_\_\_ Certification Number: \_\_\_\_\_

### V. GENERAL CONTRACTOR (Other)

Name of Firm: WINDOW WORLD TUPELO/COLUMBUS  
 Firm Mailing Address: 4979 CLIFF GOOKIN BLVD, TUPELO, MS 38801  
 Contact Person: CHRIS COLLINS    Telephone Number: (662) 842-5201

### VI. PROJECT DATES

Lead Project Start: 07 / 22 / 2024    Lead Project Stop: 07 / 22 / 2024  
 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.)     Weekend

### VII. DESCRIPTION OF PROCEDURES TO BE USED (CHECK ALL THAT APPLY)

Wet Sanding     Component Removal     Heat Gun     Encapsulation  
 Containment     Strip and Removal     Negative Air     Enclosure  
 Other – Explain

**VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE AFFECTED)**

REMOVING 8 WINDOWS CONTAIN LEAD PAINT  
INSTALLATION OF 8 VINYL WINDOWS

**IX. WASTE TRANSPORTER**

Name: WELSEY DA SILVA BRAGA  
Full Mailing Address: 4979 CLIFF GOOKIN BLVD  
City: TUPELO State: MS Zip Code: 38801  
Contact: CHRIS COLLINS Telephone Number: (662) 842-5201

**X. WASTE LEAD DISPOSAL SITE**

Site Name: WINDOW WORLD OF TUPELO/COLUMBUS  
Physical Address: 4979 CLIFF GOOKIN BLVD , TUPELO, MS 38801  
Full Mailing Address: 4979 CLIFF GOOKIN BLVD  
City: TUPELO State: MS Zip Code: 38801

**XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD**

Site Name: WINDOW WORLD OF TUPELO/COLUMBUS  
Physical Address: 4979 CLIFF GOOKIN BLVD, TUPELO, MS 38801  
Full Mailing Address: 4979 CLIFF GOOKIN BLVD  
City: TUPELO State: MS Zip Code: 38801  
Contact Person: CHRIS COLLINS Telephone Number: (662) 842-5201  
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 abatement project and shall be onsite during all work site preparation and during the post-abatement cleanup and clearance of work areas. At all other times when abatement activities are being conducted, the certified supervisor shall be onsite or available by telephone, pager, or answering service, and able to be present at the work site in no more than 2 hours.

**XIII. RENOVATION**

A certified renovator is required for each renovation project and shall be physically present when the required signs are posted, while the required work area containment is being established, and while required work area cleaning is performed. The certified renovator must regularly direct work being performed by other individuals and must be available either onsite or by telephone at all times renovations are being conducted.

**XIV. CERTIFICATION OF ACCURACY**

I certify that all of the above information is correct.

Print Chris Collins Signature Chris Collins Date 7/18/24

Contact information for return mail or questions concerning the information on this Notice

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Refer to fee schedule to calculate required notification fee. Notification fee must be submitted with notification.

EMAIL TO: [notifications@mdeq.ms.gov](mailto:notifications@mdeq.ms.gov)

MAIL COPY TO: Mississippi Department of Environmental Quality  
Lead Notifications  
P.O. Box 2261, Jackson, MS 39225