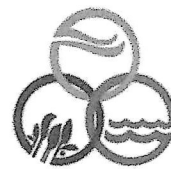


Mississippi Office of Pollution Control

Lead-Based Paint Abatement/Renovation Notification



MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 8/6/2024	AI Number
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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: 1002 JW SMITH ROAD
 City: BLUE MOUNTAIN State: MS Zip Code: 38610 County: BENTON
 Number of Units to be Abated/Renovated in the Building: 8 WINDOWS

II. BUILDING OWNER INFORMATION

Mr./Mrs.: DANIEL ARNETT
 Address of Owner: 1002 JW SMITH ROAD City: BLUE MOUNTAIN State: MS ZIP: 38610
 Telephone Number: (901) 907-7359

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: 08 / 14 / 2024 Lead Project Stop: 08 / 14 / 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 8/6/24

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