

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 3/03/2025	AI Number
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Project Type: Abatement Renovation Date of Building Construction: 1910

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: 542 n 6th ave

City: LAUREL State: MS Zip Code: 39440 County: JONES

Number of Units to be Abated/Renovated in the Building: _____

II. BUILDING OWNER INFORMATION

Mr./Mrs.: GEOF AND CHRIS GALAHER

Address of Owner: SAME City: _____ State: _____ ZIP: _____

Telephone Number: (____) _____

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: NORMAN CONSTRUCTION

Firm Certification Number: NBF-00000639 Telephone Number: (601) 264-7114 Exp. Date: 2/28/2026

Address of Certified Firm: 788 RICHBURG RD

City: HATTIESBURG State: MS Zip Code: 39402

IV. INSPECTION INFORMATION

Name of Renovator/Inspector/Risk Assessor Conducting Inspection: DAVE BINGHAM

Certification Number: PBI-00003690 Exp. Date: 3/31/2025 Date Inspection Conducted: 2/17/2025

Test Method Used & Manufacturer of Testing Equipment: NIGHTONEXLP300A

For Paint Chip Analysis, Name of Laboratory: MICROMETHODS LAB Certification Number: PBF0000028

V. GENERAL CONTRACTOR (Other)

Name of Firm: NORMAN CONSTRUCTION

Firm Mailing Address: SAME

Contact Person: DESHAWN SMITH Telephone Number: (601) 264-7114

VI. PROJECT DATES

Lead Project Start: 3 / 17 / 2025 Lead Project Stop: 6 / 17 / 2025

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)

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Wet Sanding | <input type="checkbox"/> Component Removal | <input type="checkbox"/> Heat Gun | <input type="checkbox"/> Encapsulation |
| <input checked="" type="checkbox"/> Containment | <input type="checkbox"/> Strip and Removal | <input type="checkbox"/> Negative Air | <input type="checkbox"/> Enclosure |
| <input type="checkbox"/> Other – Explain | | | |

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

REMOVE SIDING AND DISPOSE, REMOVE WINDOWS AND DISPOSE

IX. WASTE TRANSPORTER

Name: ALL PRO DISPOSAL
Full Mailing Address: PO BOX 17563
City: HATTIESBURG State: MS Zip Code: 39402
Contact: KYLE COOK Telephone Number: (601) 550-0616

X. WASTE LEAD DISPOSAL SITE

Site Name: RANDY DANNY INC.
Physical Address: 184 IRA G ODOM ROAD
Full Mailing Address: _____
City: ELLISVILLE State: MS Zip Code: 39437

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name: SAME
Physical Address: _____
Full Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: RANDY DANNY 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 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 DESHAWN SMITH Signature  Date 3/3/2025

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

Mailing Address: PO BOX 15399
City: HATTIESBURG State: MS Zip Code: 39404
Contact: DESHAWN SMITH Telephone Number: (601) 264-7114
Email: trish@normanconstruction.net

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