



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



Suggs Karen 8469/Olive Branch 11077917
 Customer Last Name Customer First Name Store/Branch # Lead/Customer Order #

Project Type: Abatement Renovation Date of Building Construction: unknown

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: Single Family Residence Multifamily Dwelling * (i.e. multifamily apartment, etc.)
 Child-Occupied Facility Daycare Pre-School Other

Physical Address Project Site 6775 Greyhawk Cove S
 City Olive Branch State MS Zip 38654 County Desoto
 Number of Units to be Abated/Renovated in the Building N/A

II. BUILDING OWNER INFORMATION

Mr./Mrs. Karen Suggs
 Address of Owner 6775 Greyhawk cove S City Olive Branch State MS Zip 38654
 Telephone Number 901-233-6085

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm All Seasons
 Firm Certification Number NBF-0000730 Exp. Date 10/8/21 Contact Name Jimmy Parker
 Address of Certified Firm 3425 Hwy 194
 City Rossville State TN Zip 70123 Telephone Number 901-331-2415

IV. INSPECTION INFORMATION

For Renovations: Type of lead testing equipment used "ASSUMED OR LEAD TEST SWAB"
 For Abatement: Name of 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 CONTRACTOR (Other)

Name of Firm THE HOME DEPOT
 Firm Mailing Address 2455 PACES FERRY RD; C11
 Contact Person DIRECTOR OF SERVICES COMPLIANCE Telephone Number 770-384-2681

VI. PROJECT DATES

Lead Project Start 08/25/2021 Lead Project Stop 08/25/2021
 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 Chemical Removal Heat Gun
 Containment Strip and Removal Negative Air
 Other – Explain Renovator will follow lead safe work practices under the EPA's RRP rule.



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VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (Including components to be removed)

4 replacement windows

IX. WASTE TRANSPORTER (Not required for Residential projects)

Name N/A
Full Mailing Address _____
City _____ State _____ Zip _____
Contact _____ Telephone Number _____

X. WASTE LEAD DISPOSAL SITE

Site Name --SEE ONSITE PERSONNEL--
Physical Address _____
Full Mailing Address _____
City _____ State _____ Zip _____

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name --SEE ONSITE PERSONNEL--
Physical Address _____
Full Mailing Address _____
City _____ State _____ Zip _____
Contact _____ 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 2 hours or less.

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 on-site 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 THE HOME DEPOT Signature THE HOME DEPOT Date 07/13/2021

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

Mailing Address 2455 PACES FERRY ROAD; C-11
City ATLANTA State GA Zip 30339
Contact DIRECTOR OF SERVICES COMPLIANCE Telephone Number 770-384-2681

For Abatements, refer to fee schedule to calculate required notification fee. Notification fee must be submitted with notification.

MAIL TO: Mississippi Department of Environmental Quality OR
Lead Section
P.O. Box 2261
Jackson, MS 39225
(601) 961-5171

Mississippi Department of Environmental Quality
Lead Section
515 East Amite Street
Jackson, MS 39201