

180010

8/18 @ 12:40p

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



Project Type: Abatement Renovation Date of Building Construction: 1975
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, duplex, etc.)
Child-Occupied Facility: Daycare Pre-School Other _____
Physical Address Project Site 6070 Writz Rd
City Flowood State MS Zip Code 39232 County Rankin
Number of Units to be Abated/Renovated in the Building 38

II. BUILDING OWNER INFORMATION

Mr./Mrs. Gene or Porsha Taylor
Address of Owner 6070 Writz Rd City Flowood State MS Zip Code 39232
Telephone Number 931-237-2521

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm Blake Davis
Firm Certification Number PBR-00010697 Telephone Number 870-543-0944 Exp. Date 03/09/2022
Address of Certified Firm 3520 Lowman Rd
City Pine Bluff State AR Zip Code 71603

IV. INSPECTION INFORMATION

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 Windows USA
Firm Mailing Address PO Box 222 Royal, AR 71968
Contact Person Mia Walsh Telephone Number 501-760-0309

VI. PROJECT DATES

Lead Project Start 08 / 21 / 21 Lead Project Stop 08 / 23 / 21
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 _____

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

Retro Fit Pocket Replacement of Existing Windows with New Vinyl Windows

IX. WASTE TRANSPORTER

Name Blake Davis
Full Mailing Address 3520 Lowman Rd
City Pine Bluff State AR Zip Code 71603
Contact Blake Davis Telephone Number 870-543-0944

X. WASTE LEAD DISPOSAL SITE

Site Name _____
Physical Address _____
Full Mailing Address _____
City _____ State _____ Zip Code _____

XI. DISPOSAL SITE FOR DEBRIS OTHER 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 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 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 Blake Davis Signature  Date 08/18/2021

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

Mailing Address 3520 Lowman Rd
City Pine Bluff State AR Zip Code 71603
Contact Blake Davis Telephone Number 870-543-0944

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

MAIL TO: Mississippi Department of Environmental Quality OR Mississippi Department of Environmental Quality
Lead Program Lead Program
PO Box 2261 515 East Amite Street
Jackson, MS 39225 Jackson, MS 39201
(601) 961-5171