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

Project Type: [X] Abatement [ ] Renovation Date of Building Construction: ____________
Please check all applicable boxes for the type of Notification: [ ] Original [X] Revision [ ] Cancellation [ ] Emergency
Please check if asbestos notification was also submitted for this project: [ ]

I. PROJECT/SITE INFORMATION
Target Housing: [ ]
Child-Occupied Facility: [X] 2457
Physical Address Project Site: 4257 Terry Rd.
City: Jackson State: MS Zip Code: 34204 County: Hinds
Number of Units to be Abated/Renovated in the Building: 1

II. BUILDING OWNER INFORMATION
Mr./Mrs.: Sharon Smith
Address of Owner: 106 Kiddie Rd. City: Leno State: MS ZIP: 39094
Telephone Number: (601) 953-2314

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION
Name of Certified Lead Abatement/Renovator Firm: Bestway Abatement
Firm Certification Number: PBF-00005 Exp. Date: 3/31/2023 Telephone Number: (601) 383-3234
Address of Certified Firm: 299 Vicksburg St., P.O. Box 55
City: Edwards State: MS Zip Code: 34066

IV. INSPECTION INFORMATION
Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Kristen King
Certification Number: PRA-00005 Exp. Date: 11/27/2022 Date Inspection Conducted: 3/31/2023
Test Method Used & Manufacturer of Testing Equipment: RMD-AP-1
For Paint Chip Analysis, Name of Laboratory: SAN AIR Certification Number: 052931

V. GENERAL CONTRACTOR (Other)
Name of Firm: N/A
Firm Mailing Address:
Contact Person: Telephone Number:

VI. PROJECT DATES
Abatement/Renovation to be done during what time? [X] 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)
[ ] Containment [ ] Strip and Paint [ ] Negative Air [ ] Enclosure
[ ] Other - Explain

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APR 26 2022

LBP Project Notification Form – Revised 1/2022 DEPT. OF ENVIRONMENTAL QUALITY
VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE AFFECTED)

Encapsulation

IX. WASTE TRANSPORTER
Name: Bestway Abatement
Full Mailing Address: P.O. Box 88
City: Edwards State: MS Zip Code: 39266
Contact: Aaron Lee Telephone Number: (661) 383-3237

X. WASTE LEAD DISPOSAL SITE
Site Name: Fairley Landfill
Physical Address: 1652 Springridge Rd.
Full Mailing Address: Sanofi
City: Raymond State: MS Zip Code: 39154

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD
Site Name: 
Physical Address: 
Full Mailing Address: 
City: State: 
Contact Person: Telephone Number: ( )
NOTE: All debris (other than lead) should go to an authorized Rubbish Site.

XII. ABATEMENT
A certified supervisor is required for each abatement project and shall be on-site during the post-abatement cleanup and clearance of work areas. At all other times when lead abatement is being conducted, the certified supervisor shall be onsite or available by telephone or 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 present at the site when work area containment is being established, and when work is being performed. The certified renovator must regularly direct work being performed by others 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 Aaron Lee Signature Aaron Lee Date 3-18-22

Contact information for return mail or questions concerning the information on this Notice
Mailing Address: P.O. Box 88
City: Edwards State: MS Zip Code: 39266
Contact: Aaron Lee Telephone Number: (661) 383-3237
Email: bestwayjackson@yahoo.com

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

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