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

Project Type: ☐ Abatement  ☐ Renovation  Date of Building Construction: 1970
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: 2206 Highway 1 S
City: Greenville  State: MS  Zip Code: 38701  County: Washington
Number of Units to be Abated/Renovated in the Building: 12

II. BUILDING OWNER INFORMATION
Mr./Mrs.: David Sykes
Address of Owner: 2206 Highway 1 S  City: Greenville  State: MS  ZIP: 38701
Telephone Number: (662) 522-1037

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION
Name of Certified Lead Abatement/Renovator Firm: Brad Jones
Firm Certification Number: PBR-00011234  Telephone Number: (670) 575-3548  Exp. Date: 01/25/2023
Address of Certified Firm: 350 Pine Tree Rd
City: Rison  State: AR  Zip Code: 71665

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:
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 71969
Contact Person: Mia Walsh  Telephone Number: (501) 760-0309

VI. PROJECT DATES
Lead Project Start: 06 /21 /2022  Lead Project Stop: 06 /22 /2022
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
☐ Containment  ☐ Strip and Removal  ☐ Negative Air
☐ Other – Explain  ☐ Encapsulation  ☐ Enclosure

LBP Project Notification Form – Revised 1/2022
VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE AFFECTED)
Retro Fit Pocket Replacement of Existing Windows with New Vinyl Windows

IX. WASTE TRANSPORTER
Name: Brad Jones

Full Mailing Address: 350 Pine Tree Rd
City: Rison State: AR Zip Code: 71665
Contact: Brad Jones Telephone Number: (870) 575-3548

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 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: Brad Jones Signature: ____________________________ Date: 06/13/2022

Contact information for return mail or questions concerning the information on this Notice
Mailing Address: 350 Pine Tree Rd
City: Rison State: AR Zip Code: 71665
Contact: Brad Jones Telephone Number: (870) 575-3548
Email: brad.jones@windowsusa.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