

job-192297



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 9.13.22	AI Number
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Project Type: ☐ Abatement ☒ Renovation Date of Building Construction: 1967
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: 1860 Brookhaven Dr
City: Southaven State: MS Zip Code: 38671 County: De Soto
Number of Units to be Abated/Renovated in the Building: 11

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Deanna McClelland
Address of Owner: 1860 Brookhaven Dr City: Southaven State: MS ZIP: 38671
Telephone Number: (901) 605-1472

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Austin Floyd
Firm Certification Number: PBR-00008576 Telephone Number: (662) 266-8801 Exp. Date: 03/23/2023
Address of Certified Firm: 1109 County Road 59
City: New Albany State: MS Zip Code: 38652

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 71968
Contact Person: Mia Walsh Telephone Number: (501) 760-0309

VI. PROJECT DATES

Lead Project Start: 09 / 20 / 2022 Lead Project Stop: 09 / 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)

<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)

Retro Fit Pocket Replacement of Existing Windows with New Vinyl Windows

IX. WASTE TRANSPORTER

Name: Austin Floyd

Full Mailing Address: 1109 County Road 59

City: New Albany State: MS Zip Code: 38652

Contact: Austin Floyd Telephone Number: (662) 266-8801

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 Austin Floyd

Signature Austin Floyd

Date 09/13/2022

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

Mailing Address: 1109 County Road 59

City: New Albany State: MS Zip Code: 38652

Contact: Austin Floyd Telephone Number: (662) 266-8801

Email: contractor17@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