

# Mississippi Office of Pollution Control

## Lead-Based Paint Abatement/Renovation Notification



MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only) <u>9.6.2022</u>	Date Received <u>9.9.2022</u>	AI Number
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Project Type: ☐ Abatement ☒ Renovation Date of Building Construction: 1969  
 Please check all applicable boxes for the type of Notification: ☒ Original ☐ Revision ☐ Cancellation ☐ Emergency SELECT ONE  
 Please check if asbestos notification was also submitted for this project: ☐

### I. PROJECT/SITE INFORMATION

Target Housing: ☒ SELECT ONE  
 Child-Occupied Facility: ☐  
 Physical Address Project Site: 2130 Crestwood Dr  
 City: Picayune State: MS Zip Code: 39466 County: Pearl River  
 Number of Units to be Abated/Renovated in the Building: 1

### II. BUILDING OWNER INFORMATION

Mr./Mrs.: Glen Gibson  
 Address of Owner: 2130 Crestwood Dr City: Picayune State: MS ZIP: 39466  
 Telephone Number: (601) 798-1144

### III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: James Adams  
 Firm Certification Number: PBR-00009925 Telephone Number: (504) 382-4578 Exp. Date: 1/27/23  
 Address of Certified Firm: 419 Carolyn  
 City: New Orleans State: LA Zip Code: 70123

### 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: "ASSUMED OR LEAD TEST SWAB"  
 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; C-11  
 Contact Person: DIRECTOR OF SERVICES COMPLIANCE Telephone Number: (770) 384-4422

### VI. PROJECT DATES

COMPLETE COMPLETE  
 Lead Project Start: 09 / 22 / 22 Lead Project Stop: 09 / 22 / 22  
 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 ☐ Encapsulation  
☐ Containment ☐ Strip and Removal ☐ Negative Air ☐ Enclosure  
☒ Other – Explain RENOVATOR WILL FOLLOW LEAD SAFE WORK PRACTICES UNDER THE EPA'S RRP RULE

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

3 Replacement Windows

**IX. WASTE TRANSPORTER**

Name: N/A

Full Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

**X. WASTE LEAD DISPOSAL SITE**

Site Name: --SEE ONSITE PERSONNEL--

Physical Address: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD**

Site Name: --SEE ONSITE PERSONNEL--

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 THE HOME DEPOT Signature THE HOME DEPOT Date 08/16/22

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

Mailing Address: 2455 PACES FERRY RD; C11

City: ATLANTA State: GA Zip Code: 30339

Contact: DIRECTOR OF SERVICES COMPLIANCE Telephone Number: (770) 384-4422

Email: LEAD\_PAINT@HOMEDEPOT.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