job-193157

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



MDEQ U			Postmark (mail only)	Date Received	AI Number		
Email	Mail	Hand Delivery		9.9.2	2		
Project '	Type:	Abatement	Renovation Dat	e of Building Const	uction: 1929		
Please ch	eck all an	mlicable boxes for	the type of Notification	Original Revis	ion Cancellation Eme	ergency	
			on was also submitted				
	Target Ho	CT/SITE INFOR					
	Physical Address Project Site: 619 Ball Ave						
	City: Tyle		State: MS	Zip Code: 39667	County: Walthall		
	Number of Units to be Abated/Renovated in the Building: 6						
II.	BUILDI	NG OWNER IN	FORMATION				
	Mr./Mrs.; Rebecca or Allen Smith						
		of Owner: 619 Ball		city: Tylertown	State: MS ZIP: 396	67	
	Telephone Number: (601) 810-1340						
III.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION						
	Name of Certified Lead Abatement/Renovator Firm: Brian Wraight						
	Firm Certification Number: PBR-00011222 Telephone Number: (601) 850-7154 Exp. Date: 01/18/2023						
	Address of Certified Firm: 121 David Henderson Rd						
	City: Pel		State:		Zip Code: 39145		
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:						
	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						
	Contact !	Person: Mia Walsh		Telephone Nui	mber:(301)/00-0309		
		CT DATES oject Start: 09	/16 /2022	Lead Project Stop:	09 /18 /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.	DESCR	IPTION OF PRO	OCEDURES TO BE U	SED (CHECK AL	L THAT APPLY)		
	Wet :	Sanding ainment Cr – Explain	Component Removal Strip and Removal		☐ Encapsulat	ion	

## 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: Brian Wraight						
	Full Mailing Address: 121 David I						
	City: Pelahatchie	State: MS	Zip Code: 39145				
	Contact: Brian Wraight Telephone Number: (601) 850-7154						
X.	WASTE LEAD DISPOSAL SI	re					
	Site Name:		of the part of the part of the state				
	Physical Address:						
	Full Mailing Address:						
	City:	State:	_ Zip Code:				
XI.	DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD						
	Site Name:						
	Physical Address:						
	Full Mailing Address:	3					
			Zip Code:				
	Contact Person:	Telephone Number:	: () h Site, or to a permitted sanitary landfill.				
	NOTE: All debris (other than lead)	should go to an authorized Rubbish	h Site, or to a permitted sanitary landfill.				
XIII	during the post-abatement cleanup an being conducted, the certified supervis able to be present at the work site in n RENOVATION	d clearance of work areas. At all of sor shall be onsite or available by tel o more than 2 hours.	c onsite during all work site preparation and ther times when abatement activities are elephone, pager, or answering service, and				
	are posted, while the required work at performed. The certified renovator m available either onsite or by telephone	rea containment is being established ust regularly direct work being peri at all times renovations are being co	physically present when the required signs d, and while required work area cleaning is rformed by other individuals and must be conducted.				
XIV	CERTIFICATION OF ACCUR						
	I certify that all of the above informat Print Brian Wraight	Signature Brian wa	Date 09/09/2022				
	Contact information for return mail or questions concerning the information on this Notice  Mailing Address: 121 David Henderson Rd						
	City: Pelahatchie		S Zip Code: 39145				
	Contact: Brian Wraight		umber: (601) 850-7154				
	Email: brian.wraight@windowsus		umber. (				
Refe	r to fee schedule to calculate requir	ed notification fee. Notification f	fee must be submitted with notification				
MA	IL TO: Mississippi Department of Lead Notifications	Environmental Quality					

P.O. Box 2261, Jackson, MS 39225