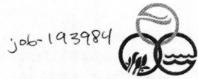
Mississippi Office of Pollution Control



<u>V</u>	se Only: Mail Hand Delivery	Postmark (mail only)	Pate Received	JZZ AI Numbe	er .			
Please ch	Type: Abatement [eck all applicable boxes for the ck if asbestos notifical	or the type of Notification	on: Original Rev	ision [_]Cancellat	tion Emergency			
I.	PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility:							
	Physical Address Project	Site: 1617 23rd St N	7:- C-d-: 39701	County: Lowndo	es			
	City: Columbus			_ County				
	Number of Units to be Ab	ated/Renovated in the Bu	nding.					
II.	BUILDING OWNER	NFORMATION						
	Mr./Mrs.: Eric Lewis Address of Owner: 1617 2 Telephone Number: (662	3rd St N 497-0200	_City: Columbus	State: MS	ZIP: 39701			
III.	ABATEMENT/RENO Name of Certified Lea Firm Certification Num Address of Certified Fir	d Abatement/Renovation: PBR-00010175 Te	or Firm: Gary Ogle lephone Number:(601) 862-8033 Ex				
	City: Brandon	Sta	te: MO	Zip Code:	300 11			
IV.	INSPECTION INFOR Name of Renovator/In Certification Number:	spector/Risk Assessor Exp. D	ate:Da	te Inspection Cor	nducted:			
	Test Method Used & M For Paint Chip Analysis	anufacturer of Testing, Name of Laboratory:	Equipment:Cert	ification Number	:			
v.	Test Method Used & M For Paint Chip Analysis GENERAL CONTRA	, Name of Laboratory: CTOR (Other)	Equipment: Cert	ification Number	:			
V.	Test Method Used & M For Paint Chip Analysis	, Name of Laboratory: CTOR (Other) USA PO Box 222 Royal, AR	71968	ification Number				
V. VI.	Test Method Used & M For Paint Chip Analysis GENERAL CONTRA Name of Firm: Windows Firm Mailing Address:	, Name of Laboratory: CTOR (Other) USA PO Box 222 Royal, AR Ish	71968 Telephone N Lead Project Stop	lumber:(501)760				

Strip and Removal

Negative Air

Enclosure

Wet Sanding

Containment 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: Gary Ogle						
	Full Mailing Address: 126 Cape C			1 34 15 16			
	City: Brandon	State: MS	Zip (Code: 3904	7		
	Contact: Gary Ogle Telephone Number: (601) 862-8033						
X.	WASTE LEAD DISPOSAL SIT						
	Site Name:						
	Physical Address:						
	Full Mailing Address:						
	City:	State:	Zip (Code:			
XI.	DISPOSAL SITE FOR DEBRIS						
	Site Name:						
	Physical Address:						
	Full Mailing Address:						
	City:						
		Lelephone Numbe	r: ()_	A 19			
	Contact Person: NOTE: All debris (other than lead) sl	hould go to an authorized Rubbi	sh Site or	to a permitt	ed sanitary landfill		
	NOTE: All debris (other than lead) sl	hould go to an authorized Rubbi	sh Site, or	to a permitt	ed sanitary landfill.		
XII.	NOTE: All debris (other than lead) sl ABATEMENT	hould go to an authorized Rubbi	sh Site, or				
XII.	NOTE: All debris (other than lead) sl	hould go to an authorized Rubbi ach abatement project and shall b I clearance of work areas. At all o or shall be onsite or available by t	sh Site, or be onsite du other times	uring all wor s when abate	k site preparation and		
	NOTE: All debris (other than lead) sl ABATEMENT A certified supervisor is required for eaduring the post-abatement cleanup and being conducted, the certified supervisor	hould go to an authorized Rubbi ach abatement project and shall b I clearance of work areas. At all o or shall be onsite or available by t	sh Site, or be onsite du other times	uring all wor s when abate	k site preparation and		
	NOTE: All debris (other than lead) sl ABATEMENT A certified supervisor is required for eaduring the post-abatement cleanup and being conducted, the certified supervisor able to be present at the work site in no	hould go to an authorized Rubbi ach abatement project and shall be d clearance of work areas. At all of or shall be onsite or available by to more than 2 hours. The renovation project and shall be ea containment is being established	sh Site, or be onsite du other times delephone, e physicall ed, and whi	uring all wor s when abate pager, or ans y present wh ile required w	k site preparation and ement activities are swering service, and nen the required signs work area cleaning is		
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P.O. Box 2261, Jackson, MS 39225