job-194813

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



MDEQ U Email	se Only: Mail Hand Delivery	Postmark (mail only)	Date Received	AI Number	
Please ch	eck all applicable boxes i	Renovation Date or the type of Notification:	Original Revision		ergency
I.	PROJECT/SITE INFO Target Housing: Child-Occupied Facility:	DRMATION Site: 395 Brookhaven St			
	City: Brookhaven	State: MS Z	ip Code: 39601 C	ounty: Lincoln	
		ated/Renovated in the Buildin			
	BUILDING OWNER Mr./Mrs.: Felecia Powers		X.20	Xe ³ - La Barra Barra	
	Address of Owner: 395 Br Telephone Number: (601		y: Brookhaven	_State: MSZIP: 396	01
	Name of Certified Lea	VATION CONTRACTO d Abatement/Renovator I	irm: Brian Wraight		- 0
	Address of Certified Fir	ber: PBR-00011222. Teleph m: 121 David Henderson Rd State: M		0-7154 Exp. Date: 01 Zip Code: 39145	/18/2023
IV.	INSPECTION INFOR Name of Renovator/In Certification Number:_	MATION spector/Risk Assessor Col Exp. Date:_	nducting Inspection: Date In	spection Conducted:	3-2-H 3-2-H
		anufacturer of Testing Equi , Name of Laboratory:			
V.	GENERAL CONTRA Name of Firm: Windows	USA	W/ telescopes and		
	Firm Mailing Address: Formula Mailing Address: Mia Wal	PO Box 222 Royal, AR 7196 sh		per:(501)760-0309	C by Man
]	PROJECT DATES Lead Project Start: 10	/06 /2022	Lead Project Stop: 10	/08 /2022	
	Abatement/Renovation	to be done during what tim		p.m.) Evening (5) 5 a.m.) Weekend	p.m. – 8 p.m.
VII.	DESCRIPTION OF P	ROCEDURES TO BE US	ED (CHECK ALL	ΓΗΑΤ APPLY)	
	Wet Sanding Containment Other – Explain	Component Removal Strip and Removal	Heat Gun Negative Ai	Encapsulation Enclosure	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 H	lenderson Rd	drift, p. 7	12 14 73		0.577674	17.	
	City: Pelahatchie		ate. MS	Zin (oda. 3	9145	Alexandra.	
	Contact: Brian Wraight	Teleph	one Numbe	r: (601) 85	0-7154			
X.	WASTE LEAD DISPOSAL SIT							
	Site Name:		196					
	Physical Address:		30		-15 142		(P'-Assess	
	Full Mailing Address:			100				1
	City:	St	ate:	Zip (Code:_			
XI.	DISPOSAL SITE FOR DEBRIS			er i i o		19pra.	21/10/201	JH.
	Site Name:							
	Physical Address:						12-15-1	
	Full Mailing Address:		a Z-wa-ak					
	City:	St	ate:	Zip C	Code:	2/0		
	Contact Person:	Telep	hone Numb	er: ()		I hate	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10
	MOTE All LL C. C. C. D. C.							
XII.	Contact Person: NOTE: All debris (other than lead) sh ABATEMENT A certified supervisor is required for ea							
	ABATEMENT A certified supervisor is required for eaduring the post-abatement cleanup and being conducted, the certified superviso able to be present at the work site in no	ch abatement proj clearance of work r shall be onsite o	ject and shall areas. At all ravailable by	be onsite du	ring all when a	work site	e preparatio t activities a	n and
	ABATEMENT A certified supervisor is required for eaduring the post-abatement cleanup and being conducted, the certified superviso able to be present at the work site in no RENOVATION	ch abatement proj clearance of work r shall be onsite or more than 2 hours	ject and shall areas. At all r available by s.	be onsite du other times telephone, p	ring all when a pager, o	work site batemen r answer	e preparatio t activities a ing service, s	n and re and
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P.O. Box 2261, Jackson, MS 39225