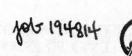
Mississippi Office of Pollution Control Lead-Based Paint Abatement/Renovation Notification





MDEQU			Postmark (mail only)	Date Received	Al Number			
Email	Mail	Hand Delivery		9.30.2	2			
Please ch	ieck all ap	plicable boxes for	the type of Notification	te of Building Constru Driginal Revision for this project:	ction: 1964 n Cancellation Emergency			
I.	PROJECT Target He Child-Oc	CT/SITE INFOR	RMATION]]					
	Physical City: Jack	Address Project S kson	ite: 1284 Wooddell Dr State: MS	Zip Code: 39212 C	county: Hinds			
			ed/Renovated in the Buil					
II.	The state of the s	NG OWNER IN Felicia Powers	FORMATION					
	Address	of Owner: 1284 Wo e Number: (601) 2		City: Jackson	State: MSZIP: 39212			
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							
	Address 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:							
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.		CT DATES oject Start: 10	/07 /2022	Lead Project Stop: 10	/09 /2022			
	Abateme	nt/Renovation to	be done during what t	ime? ■Day (5 a.m. – 5 □Night (8 p.m. –	p.m.) Evening (5 p.m. – 8 p.r. 5 a.m.) Weekend			
VII.	DESCR	IPTION OF PRO	OCEDURES TO BE	USED (CHECK ALL	THAT APPLY)			
	Wet S	Sanding ainment r – Explain	Component Remova Strip and Removal		Encapsulation			

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

Retro Fit Pocket Replacement of Existing Windows with New Vinyl Windows

	WASTE TRANSPORTER Name: Brian Wraight								
	Full Mailing Address: 121 David Henderson Rd								
			Zip Code	e; 39145					
	City: Pelahatchie Contact: Brian Wraight	Telephone Numbe	r: (601) 850-7	154					
х.	WASTE LEAD DISPOSAL SIT								
	Site Name:	The same of the sa							
	Physical Address:								
	Full Mailing Address:								
	City:								
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 during the post-abatement cleanup and being conducted, the certified supervisor	ch abatement project and shall clearance of work areas. At all r shall be onsite or available by	be onsite during other times who	g all work site preparation and en abatement activities are					
	ABATEMENT A certified supervisor is required for each during the post-abatement cleanup and being conducted, the certified supervisor able to be present at the work site in not RENOVATION A certified renovator is required for each are posted, while the required work are performed. The certified renovator must	ch abatement project and shall clearance of work areas. At all r shall be onsite or available by more than 2 hours. The renovation project and shall a containment is being establish st regularly direct work being p	be onsite during l other times who telephone, page be physically pro- ned, and while re- performed by other	g all work site preparation an en abatement activities are er, or answering service, and esent when the required signs equired work area cleaning is					
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