job - 194930

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



MDEQ U		Postmark (mail only)	Date Received	AI Number
Please ch	Type: Abatement ceck all applicable boxes for heck if asbestos notificati	the type of Notification:	e of Building Construct	ion: 1966 Cancellation Emergency
I.	PROJECT/SITE INFOIT Target Housing: Child-Occupied Facility:			
	Physical Address Project S City: West Point	State: MS		unty: Clay
	Number of Units to be Abat	ed/Renovated in the Build	ing:8	
II.	BUILDING OWNER IN Mr./Mrs.: Paul or Fallon Bri			
	Address of Owner: 63 Bark Telephone Number: (662)	sdale Dr C	ity: West Point	State: MS ZIP: 39773
III.	ABATEMENT/RENOV Name of Certified Lead	Abatement/Renovator	Firm: Paul Grooms	
	Firm Certification Number Address of Certified Firm		ohone Number:(662)316	-3639 Exp. Date: 03/02/2023
		State:	MS	Zip Code: 38650
IV.	INSPECTION INFORM Name of Renovator/Ins	ATION pector/Risk Assessor C	onducting Inspection:_	
	Certification Number:	Exp. Date	: Date Ins	pection Conducted:
	Test Method Used & Man	nufacturer of Testing Eq	uipment:	N. L.
	For Paint Chip Analysis,	Name of Laboratory:	Certificati	on Number:
v.	Mame of Firm: Windows I	JSA	operation of the year of the second	
	Firm Mailing Address: Po	D Box 222 Royal, AR 7	1968	
	Contact Person: Mia Wals	h	Telephone Number	er:(800) 272-2085 ext 3222
VI.	PROJECT DATES Lead Project Start: 10	/10 /2022	Lead Project Stop: 10	/12 /2022
	Abatement/Renovation t	o be done during what ti		p.m.) Evening (5 p.m. – 8 p.m. 5 a.m.) Weekend
VII.	DESCRIPTION OF PR	OCEDURES TO BE U	ISED (CHECK ALL T	HAT APPLY)
	Wet Sanding Containment Other – Explain	Component Removal Strip and Removal		Encapsulation

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

Retro Fit Replacement of Existing Windows with New Vinyl Windows

	Full Mailing Address: 1056 CR 66	Bur - Trans. In-		9.93 SX	A TELEVISION OF	Wil in the	9.78.3		
	City: Myrtle	St	tate: MS		Zip Coo	ie: 38	650		
	Contact: Paul Grooms	Teleph	ione Nun	ber: (<u>662</u>	316-3	3639			
X.	WASTE LEAD DISPOSAL SITE								
	Site Name:								
	Physical Address:			1-1-/-	76 esse		1000		¥
	Full Mailing Address:								-
	City:	St	tate:		Zip Coo	de:			
XI.	DISPOSAL SITE FOR DEBRIS OF	THER THA	N LEAD						
	Site Name:		1-1-1						_
	Physical Address:						- 14		_
	Full Mailing Address:								-
	City:	St	tate:	111	Zip Co	de:	119 24		
XII.	Contact Person: NOTE: All debris (other than lead) should ABATEMENT A certified supervisor is required for each	ld go to an aut	thorized R	ubbish Si	te, or to	a pern	nitted sa	anitary landfi	
XII.	NOTE: All debris (other than lead) should	ld go to an aut abatement pro arance of work	thorized R oject and s k areas. A or available	ubbish Si hall be ons t all other	site durin	a pern ng all v hên ab	nitted sa work sit oatemen	anitary landfi e preparation t activities ar	and
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P.O. Box 2261, Jackson, MS 39225