

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



MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 10-1-22	AI Number
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Project Type: ☐ Abatement ☒ Renovation Date of Building Construction: 1941
Please check all applicable boxes for the type of Notification: ☐ Original ☒ Revision ☐ Cancellation ☐ Emergency
Please check if asbestos notification was also submitted for this project: ☐

I. PROJECT/SITE INFORMATION

Target Housing: ☒
Child-Occupied Facility: ☐

Physical Address Project Site: 1824 East Street
City: Jackson State: MS Zip Code: _____ County: Hinds
Number of Units to be Abated/Renovated in the Building: 1

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Carleah Jenkins
Address of Owner: 1824 East Street City: Jackson State: MS ZIP: 39204
Telephone Number: (____) _____

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Bestway Abatement
Firm Certification Number: NBF-0000822 Telephone Number: (601) 383-3237 Exp. Date: 4/10/2023
Address of Certified Firm: P.O. Box 88
City: Edwards State: MS Zip Code: 39066

IV. INSPECTION INFORMATION

Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Kristian King
Certification Number: PBJ-00003590 Exp. Date: 6/10/2023 Date Inspection Conducted: 11/24/2022
Test Method Used & Manufacturer of Testing Equipment: XRF
For Paint Chip Analysis, Name of Laboratory: SAVAIR Certification Number: 162592

V. GENERAL CONTRACTOR (Other)

Name of Firm: Ben Wiggins Remodel
Firm Mailing Address: 4116 Doker Road
Contact Person: Ben Wiggins Telephone Number: (601) 209-4823

VI. PROJECT DATES

Lead Project Start: 10/16/2022 Lead Project Stop: 10/10/2022
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. DESCRIPTION OF PROCEDURES TO BE USED (CHECK ALL THAT APPLY)

<input type="checkbox"/> Wet Sanding	<input checked="" type="checkbox"/> Component Removal	<input type="checkbox"/> Heat Gun	<input type="checkbox"/> Encapsulation
<input checked="" type="checkbox"/> Containment	<input checked="" type="checkbox"/> Strip and Removal	<input type="checkbox"/> Negative Air	<input type="checkbox"/> Enclosure
<input type="checkbox"/> Other – Explain			

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VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE AFFECTED) Scrap loose paint, replace rotten boards, stabilize by painting boards, will use plastic for containment and wrap the boards removed and paint chips

IX. WASTE TRANSPORTER

Name: Bestway Abatement
Full Mailing Address: P.O. Box 88
City: Edwards State: MS Zip Code: 39066
Contact: Aaron Lee Telephone Number: (601) 383-3237

X. WASTE LEAD DISPOSAL SITE

Site Name: Faircloth Rubbish Landfill, Inc
Physical Address: 1312 Springridge Rd.
Full Mailing Address: P.O. Box 1296
City: Clinton State: MS Zip Code: 39154

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name: N/A
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 abatement project and shall be onsite during all work site preparation and during the post-abatement cleanup and clearance of work areas. At all other times when abatement activities are being conducted, the certified supervisor shall be onsite or available by telephone, pager, or answering service, and able to be present at the work site in no more than 2 hours.

XIII. RENOVATION

A certified renovator is required for each renovation project and shall be physically present when the required signs are posted, while the required work area containment is being established, and while required work area cleaning is performed. The certified renovator must regularly direct work being performed by other individuals and must be available either onsite or by telephone at all times renovations are being conducted.

XIV. CERTIFICATION OF ACCURACY

I certify that all of the above information is correct.

Print Aaron Lee Signature Aaron Lee Date 10/31/2022

Contact information for return mail or questions concerning the information on this Notice

Mailing Address: P.O. Box 88
City: Edwards State: MS Zip Code: 39066
Contact: Aaron Lee Telephone Number: (601) 383-3237
Email: bestwayjackson@yahoo.com

Refer to fee schedule to calculate required notification fee. Notification fee must be submitted with notification.

MAIL TO: Mississippi Department of Environmental Quality
Lead Notifications
P.O. Box 2261, Jackson, MS 39225