job-195215

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



| MDEQ U Email | | Hand Delivery | Postmark (mail only) |) | Date Received | AI Nt | mber |
|-----------------|--|---------------------------------|-------------------------------|-----------|---|--------------|-------------------------|
| ₩Eman | | | | | 10-5-22 | | |
| Project ' | Туре: 🗌 | Abatement | Renovation | Date of | Building Constr | uction: 19 | 75 |
| | | | | | | | ellation Emergency |
| Please cl | heck if as | bestos notification | on was also subm | itted for | this project: 📋 | | |
| I. | Target Ho | CT/SITE INFOR ousing: |] | | | | |
| | Physical | Address Project S | ite: 1104 Morganto | wn Rd | | | |
| | City: McC | Comb | State: MS | Zip | Code: 39648 | County: Pike | <u> </u> |
| | Number | of Units to be Abate | ed/Renovated in the | Building: | 7 | | |
| II. | | NG OWNER IN Juanita Robinson | FORMATION | | | | |
| | Address | of Owner: 1104 Mo | rgantown Rd | City: 1 | McComb | State: M | S ZIP: 39648 |
| | | e Number: (601)6 | | | 1 | | |
| *** | - | | ATION CONTRA | CTOD I | , INFODMATION | J | |
| III. | | | | | | | |
| | | | Abatement/Renov | | | | F D-4 11/14/2022 |
| | Firm Certification Number: PBR-00005919 Telephone Number: (601) 624-8131 Exp. Date: 11/14/2022 Address of Certified Firm: 1020 Betighelmer Rd | | | | | | |
| | | of Certified Firm: | 1020 Bettgneimer | KU MC | • | | 20066 |
| | City: Edv | varos | 5 | State: NO | | Zip Cod | 6: 23000 |
| 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: | | | | | | |
| | For Paint | t Chip Analysis, N | Name of Laborator | y: | Certific | cation Num | ber: |
| v. | GENER | AL CONTRACT | TOR (Other) | | | | 9 |
| | Name of Firm: Windows USA | | | | | | |
| | | iling Address: PO | | AR 71968 | 3 | | |
| | Contact 1 | Person: Mia Walsh | | | _ Telephone Nun | nber:(501) | 760-0309 |
| VI. | PROJE | CT DATES | /12 /2022 | Lea | ad Project Stop: _1 | 10 /14 | /2022 |
| | | | be done during w | hat time? | ■Day (5 a.m. – | 5 p.m.) [| Evening (5 p.m. – 8 p.1 |
| | | | | | □Night (8 p.m. | | |
| VII. | DESCR | IPTION OF PRO | OCEDURES TO | BE USEI | 1970 1970 1970 1970 1970 1970 1970 1970 | | |
| | Wet S | Sanding Eninment Explain | Component Rem Strip and Remov | oval | Heat Gun Negative | [| Encapsulation Enclosure |

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: Danny McGlawn | | | | | | | |
| | Full Mailing Address: 1020 Betigheimer | Rd | 20066 | | | | | |
| | City: Edwards | State: MS | Zip Code: 39066 | | | | | |
| | Contact: Danny McGlawn Telephone Number: (601) 624-8131 | | | | | | | |
| X. | WASTE LEAD DISPOSAL SITE | | | | | | | |
| | Site Name: | | | | | | | |
| | Physical Address: | | | | | | | |
| | Full Mailing Address: | | | | | | | |
| | City: | State: | Zip Code: | | | | | |
| XI. | DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD | | | | | | | |
| | Site Name: | | | | | | | |
| | Physical Address: | | | | | | | |
| | Full Mailing Address: | | 7 | | | | | |
| | City: | State: | Zip Code: | | | | | |
| | Telephone Number: () | | | | | | | |
| | NOTE: All debris (other than lead) should go to an authorized Rubbish Site, or to a permitted sanitar | | | | | | | |
| XII. | ABATEMENT | | | | | | | |
| | A certified supervisor is required for each abatement project and shall be onsite during all work site preparation a 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. | | | | | | | |
| XII | 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 | XIV. CERTIFICATION OF ACCURACY | | | | | | | |
| | I certify that all of the above information is correct. | | | | | | | |
| | Print Danny McGlawn Signature Danny McGlawn Date 10/05/2022 | | | | | | | |
| | Contact information for return mail or questions concerning the information on this Notice | | | | | | | |
| | Mailing Address: 1020 Betigheimer Rd | a ! | MS 3: 0-1-39066 | | | | | |
| | City: Edwards | State: | MS Zip Code: 39066 | | | | | |
| | Contact: Danny McGlawn | ntact: Danny McGlawn Telephone Number: (601) 624-9131 | | | | | | |
| | Email: danny.mcglawn@windowsusa.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 3922 | 25 | | | | | | |