

Mississippi Office of Pollution Control

Lead-Based Paint Abatement/Renovation Notification



MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 10-6-22	AI Number
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Project Type: Abatement Renovation Date of Building Construction: 1821
 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: 501 N 3rd Avenue
 City: Columbus State: MS Zip Code: 39701 County: LOWNDES
 Number of Units to be Abated/Renovated in the Building: 2

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Columbus Municipal School District
 Address of Owner: 2630 M^{rs} ARTHUR DR City: Columbus State: MS ZIP: 39705
 Telephone Number: (662) 241-7400

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: EAC ENVIRONMENTAL
 Firm Certification Number: PBR-00007783 Telephone Number: (662) 386-6386 Exp. Date: 11-02-22
 Address of Certified Firm: 4546 CAL STEENS RD
 City: CALEDONIA State: MS Zip Code: 39740

IV. INSPECTION INFORMATION

Name of Renovator/Inspector/Risk Assessor Conducting Inspection: ED CLAY
 Certification Number: PBR-00047783 Exp. Date: 11-02-22 Date Inspection Conducted: 9-22-22
 Test Method Used & Manufacturer of Testing Equipment: _____
 For Paint Chip Analysis, Name of Laboratory: CR LABS Certification Number: LELAP 03069

V. GENERAL CONTRACTOR (Other)

Name of Firm: CMSD MAINTENANCE DEPT.
 Firm Mailing Address: 2630 M^{rs} ARTHUR DR. Columbus, MS 39705
 Contact Person: STEVE LITTLE Telephone Number: (662) 241-7195

VI. PROJECT DATES

Lead Project Start: 10/14/22 Lead Project Stop: 10/15/22
 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)

Wet Sanding Component Removal Heat Gun Encapsulation
 Containment Strip and Removal Negative Air Enclosure
 Other – Explain

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

IX. WASTE TRANSPORTER

Name: EAC ENVIRONMENTAL
Full Mailing Address: 4546 CAL STEENS RD
City: CALEDONIA State: MS Zip Code: 39740
Contact: ED CLAY Telephone Number: (662) 386-6386

X. WASTE LEAD DISPOSAL SITE

Site Name: N/A
Physical Address: _____
Full Mailing Address: _____
City: _____ State: _____ Zip Code: _____

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name: MUNICIPAL TRASH LANDFILL
Physical Address: 2221 ARMSTRONG RD
Full Mailing Address: " " "
City: COLUMBUS State: MS Zip Code: 39702
Contact Person: C. BUSH Telephone Number: (662) 329-5116

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 EDWARD CLAY Signature Ed Clay Date 10-05-22

Contact information for return mail or questions concerning the information on this Notice
Mailing Address: 4546 CAL STEENS RD
City: CALEDONIA State: MS Zip Code: 39740
Contact: ED CLAY Telephone Number: (662) 386-6386
Email: eacenvironmental@gmail.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