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

306-194948



MDEQ Us	se Only: Mail Hand Deliv	Postmark (mail on	ly)	Date Received	OZZ AINU	mber			
Please ch	eck all applicable box	t Renovation es for the type of Notif fication was also sub	ication: 🔳	riginal Revi	ision Cance	ellation Emergency			
	PROJECT/SITE IN Target Housing: Child-Occupied Facilit Physical Address Pro-	y:							
	I llysical Addites 10	Jeer Brief	기	20200	- Uin	de			
	City: Jackson		CONTRACTOR SERVICES	Code: 39209	_ County: Hin				
	Number of Units to be	Abated/Renovated in the	ie Building: 1						
	BUILDING OWNER INFORMATION								
	Mr./Mrs.: Michelle Johnson								
	Address of Owner 120		City: <u>J</u>	ackson	State: M	S ZIP: 39209			
	Telephone Number: (6	503-7603							
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								
	City-Pelahatchie	All and the	State: MS		Zip Cod	le: 39145			
IV.	City: Pelahatchie State: MS Zip Code: 39145 INSPECTION INFORMATION								
	Name of Renovator/Inspector/Risk Assessor Conducting Inspection:								
	Certification Number: Exp. Date: Date Inspection Conducted:								
	Test Method Used & Manufacturer of Testing Equipment: Certification Number: Certification Number:								
	For Paint Chip Analy	isis, Name of Laborat	ory:	Ceru	ilcation Num	DC1			
V.	GENERAL CONT								
	Name of Firm: Windows USA								
	Firm Mailing Address: PO Box 222 Royal, AR 71968								
	Contact Person: Mia	Walsh _		_ Telephone N	umber:(<u>⁵⁰¹)</u>	760-0309			
VI.	PROJECT DATES Lead Project Start: 1		Lea	d Project Stop	10 /22	/2022			
	Abatement/Renovati	ion to be done during	what time?		. – 5 p.m.) [n. – 5 a.m.) [Evening (5 p.m. – 8 p.m Weekend			
VII.	DESCRIPTION O	F PROCEDURES TO	O BE USEI	(CHECK A	LL THAT A	PPLY)			
,	☐ Wet Sanding ☐ Containment ☐ Other — Explain	Component Ro	emoval	Heat Gu	in [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

	Name: Brian Wraight Full Mailing Address: 121 David F	lenderson Rd	113		HE THE RESERVE OF THE			
	City: Pelahatchie	Sta	ate: MS	Zip	Code: 39145			
	Contact: Brian Wraight	Teleph	one Numbe	r: (601) 8	50-7154			
X.	WASTE LEAD DISPOSAL SIT							
	Site Name:							
	Physical Address:							
	Full Mailing Address:							
	City:	Sta	ate:	Zip	Code:			
XI.	DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD Site Name:							
	Physical Address:							
	Full Mailing Address:							
	City:	St	ate:	Zip	Code:			
	Contact Person:	Telen	hone Numb	er ()				
	A certified supervisor is required for e	ach abatement pro	ject and shal	l be onsite o	luring all work site preparation at			
	A certified supervisor is required for e during the post-abatement cleanup and being conducted, the certified supervisable to be present at the work site in n	d clearance of work or shall be onsite o	areas. At a r available b	ll other tim	es when abatement activities are			
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	during the post-abatement cleanup and being conducted, the certified supervise able to be present at the work site in note. RENOVATION A certified renovator is required for early posted, while the required work at performed. The certified renovator is	d clearance of work or shall be onsite of o more than 2 hour ach renovation project containment is hust regularly direct at all times renovation	areas. At a r available b s. ect and shall being establis t work being	ll other tim y telephone be physica hed, and w performed	es when abatement activities are, pager, or answering service, and ally present when the required sign hile required work area cleaning i by other individuals and must be			
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Lead Notifications

P.O. Box 2261, Jackson, MS 39225