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



	se Only: Mall Hand Deliver	Postmark (mail only)	10.14.2022	Al Number		
Please ch		for the type of Notification		tion: 1960 Cancellation Emergency		
ı.	PROJECT/SITE INF Target Housing: Child-Occupied Facility:					
	City: Carriere	ct Site: 864 Harry Sone State: MS bated/Renovated in the Bu	Zip Code: 39426 Cou	nnty: Pearl River		
II.	BUILDING OWNER	INFORMATION	liding.			
	Address of Owner: 864 Telephone Number: (50-	Harry Sones Rd	City: Carriere	State: MS ZIP: 39426		
III.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION Name of Certified Lead Abatement/Renovator Firm: James Adams Firm Certification Number: PBR-00009925 Telephone Number: (504) 3824578 Exp. Date: 01/27/23 Address of Certified Firm: 419 Carolyn					
IV.	City: New Orleans	Stat	e LA	Zip Code: 70123		
17.	Name of Renovator/In Certification Number: Test Method Used & N	aspector/Risk Assessor Exp. Da fanufacturer of Testing I	Conducting Inspection: te: Date Inspection: Equipment: Assumed Lead Certification			
v.	GENERAL CONTRA Name of Firm: The Ho Firm Mailing Address:	CTOR (Other) me Depot 2455 Paces Ferry Rd	C11, Atlanta, GA 30339			
		or of Services Complia	nce Telephone Number	or:(770)3844422		
	PROJECT DATES Lead Project Start: 10 Abatement/Renovation		Lead Project Stop: 10 time? Day (5 a.m 5 p Night (8 p.m 5			
VII.	DESCRIPTION OF P Wet Sanding Containment Other - Explain	ROCEDURES TO BE Component Remove Strip and Removal	USED (CHECK ALL T al Heat Gun Negative Air	☐ Encapsulation		

VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE AFFECTED) Retro fitting windows and component removal - 21 windows

IX.	WASTE TRANSPORTER Name: N/A						
	Full Mailing Address:						
	City: State: Zip Code: Contact: Telephone Number: ()						
X.	WASTE LEAD DISPOSAL SITE						
	Site Name: see onsite personnel						
	Physical Address:						
	Full Mailing Address:						
	City:						
XI.	DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD						
	Site Name: see onsite personnel						
	Physical Address:						
	Full Mailing Address:						
	City:						
	Contact Person: NOTE: All debris (other than lead)	Telephone Numb	or: ()_				
ХШ	RENOVATION A certified renovator is required for a	each renovation project and shall	be physical	lly present when the required signs			
	are posted, while the required work a performed. The certified renovator n available either onsite or by telephone	oust regularly direct work being	performed	by other individuals and must be			
XIV.	CERTIFICATION OF ACCUR	RACY					
	I certify that all of the above informat	ion is correct.					
	Print Heather Shutley/The Home Depo	Signature Hall	1 Sul	Un Date 10/14/2022			
	Contact information for return mail o	r questions concerning the infor					
	Mailing Address: 2455 Paces Fe						
	City: Atlanta	State:	GA	Zip Code: 30339			
(Contact: Heather Shutley	Telephone	Number:	(404)3536786			
E	mail: AHS_LSWPWORKORD	ERREQUEST@HOMEDI	EPOT.CO	NA .			
				JIVI			
Refer t	o fee schedule to calculate require		on fee mus				