

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



Project Type: ☐ Abatement ☒ Renovation Date of Building Construction: 1935
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: ☒ Single Family Residence ☐ Multifamily Dwelling * (i.e. multifamily apartment, duplex, etc.)
Child-Occupied Facility: ☐ Daycare ☐ Pre-School ☐ Other _____
Physical Address Project Site 1024 N 4TH AVE
City LAUREL State MS Zip Code 39440 County JONES
Number of Units to be Abated/Renovated in the Building 1 (ONE)

II. BUILDING OWNER INFORMATION

Mr./Mrs. IRIS AND JACK ANDREWS
Address of Owner SAME City _____ State _____ Zip Code _____
Telephone Number _____

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm NORMAN CONSTRUCTION
Firm Certification Number NBF-00000639 Telephone Number 601-264-7114 Exp. Date PENDING
Address of Certified Firm 788 RICHBURG ROAD
City HATTIESBURG State MS Zip Code 39402

IV. INSPECTION INFORMATION

Name of Inspector/Risk Assessor Conducting Inspection DAVE BINGHAM
Certification Number PBI00003690 Exp. Date 1/29/2023 Date Inspection Conducted 9/20/2022
Test Method Used & Manufacturer of Testing Equipment NIGHTONEXLP300A
For Paint Chip Analysis, Name of Laboratory MICROMETHODS LABORATORY Certification Number PBF-0000028

V. GENERAL CONTRACTOR (Other)

Name of Firm NORMAN CONSTRUCTION
Firm Mailing Address PO BOX 15399 HATTIESBURG MS
Contact Person CHRIS MILLER Telephone Number 601-517-3861

VI. PROJECT DATES

Lead Project Start 12 / 06 / 2022 Lead Project Stop 2 / 14 / 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)

☐ Wet Sanding ☐ Chemical Removal ☐ Heat Gun
☒ Containment ☐ Strip and Removal ☐ Negative Air
☐ Other - Explain _____

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

REMOVE 1 KITCHEN WALL, PREP/PAINT INTERIOR TRIM, WINDOWS, DOORS

IX. WASTE TRANSPORTER

Name ALL PRO DISPOSAL

Full Mailing Address PO BOX 17563

City HATTIESBURG

State MS

Zip Code 39402

Contact KYLE COOK

Telephone Number 601-550-0616

X. WASTE LEAD DISPOSAL SITE

Site Name RANDY DANNY INC

Physical Address 184 IRA G ODOM ROAD

Full Mailing Address same

City ELLISVILLE

State MS

Zip Code 39437

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name RANDY DANNY INC

Physical Address SAME

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

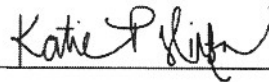
A certified renovator is required for each renovation project and shall be physically present when the required signs are posted, while the required work area containment is being established, and while required work area cleaning is performed. The certified renovator must regularly direct work being performed by other individuals and must be available either on-site 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 KATIE PARISH HINTON

Signature



Date 11/10/2022

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

Mailing Address PO BOX 15399

City HATTIESBURG

State MS

Zip Code 39402

Contact CHRIS MILLER

Telephone Number 601-264-7114

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

MAIL TO: Mississippi Department of Environmental Quality
Lead Program
PO Box 2261
Jackson, MS 39225
(601) 961-5171

OR

Mississippi Department of Environmental Quality
Lead Program
515 East Amite Street
Jackson, MS 39201