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



MDEQ U		☐Hand Delivery	Postmark (mail only)		Date Received	AI Number			
,		- 0000				1070			
			Renovation I						
	_	_				Cancellation Emergency			
Please c	heck if as	bestos notification	on was also submitt	ed for t	his project: 🔲				
I.		CT/SITE INFOR							
	Target Ho	ousing:							
	Physical	ousing: cupied Facility:	ite: 306 W Lee St						
	I Hysical	Address Froject B	ite.	Zin (ode: 38666 Cou	nty. Panola			
	City: Sardis State: MS Zip Code: 38666 County: Panola Number of Units to be Abated/Renovated in the Building: 18								
**									
II.	BUILDING OWNER INFORMATION Mr./Mrs.: Deborah Watson								
		of Owner: 306 W Le	ee St	City: S	ardis	State: MS ZIP: 38666			
		e Number: (901) 5		_ City		State, ZII . ZII			
	170				VEODIA				
III.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION								
	Name of Certified Lead Abatement/Renovator Firm: Paul Grooms								
	Firm Certification Number: PBR-00008577 Telephone Number: (662) 316-3639 Exp. Date: 03/02/2023								
		of Certified Firm:				00050			
	City: Myr	tle	Sta	te: MS		Zip Code: 38050			
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:								
v.	GENER	AL CONTRACT	OR (Other)						
	Name of Firm: Windows USA								
	Firm Mailing Address: PO Box 222 Royal, AR 71968								
		Person: Mia Walsh			Telephone Number	:(800) 272-2085 ext 3222			
VI.	PROJEC	CT DATES			*1				
	Lead Pro	ject Start: 11	22 /2022	Lea	d Project Stop: 11	/24 /2022			
	Abatement/Renovation to be done during what time? ■Day (5 a.m 5 p.m.)								
	☐Night (8 p.m. – 5 a.m.) ☐Weekend								
VII.	DESCRIPTION OF PROCEDURES TO BE USED (CHECK ALL THAT APPLY)								
		Sanding [Component Remov		☐ Heat Gun	☐ Encapsulation			
	Conta	ainment	Strip and Removal		Negative Air	Enclosure			
	Other	r – Explain							

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

Retro Fit Replacement of Existing Windows with New Vinyl Windows

	WASTE TRANSPORTER									
	Name: Paul Grooms									
	Full Mailing Address: 1056 CR 66	a MS		39650						
		State: MS								
	Contact: Paul Grooms	Telephone Number	: (662) 316-363	9						
X.	WASTE LEAD DISPOSÁL SITE									
	Site Name: Canton Sanitary Landfill									
	Physical Address: 303 Soldiers Colony	Rd								
	Full Mailing Address:		2							
	City: Canton	State: MS	Zip Code:	39046						
	DISPOSAL SITE FOR DEBRIS OTH	IER THAN LEAD								
	Site Name:									
	Physical Address:									
	Full Mailing Address:									
	Contact Person:	Telephone Number	er: ()							
	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.									
	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 ren are posted, while the required work area con performed. The certified renovator must reg available either onsite or by telephone at all t	tainment is being establish ularly direct work being p	ed, and while req erformed by othe	uired work area cleaning is						
XIV.	CERTIFICATION OF ACCURACY									
	I certify that all of the above information is c									
	Print Paul Grooms	Signature Paul Gra	78MS	Date 11 15 2022						
	Contact information for return mail or questions concerning the information on this Notice									
	Mailing Address: 1056 CR 66		1							
	City: Myrtle	State: N	AS Z	ip Code; 38650						
	Contact: Paul Grooms	Telephone l	_ Telephone Number: (662) 316-3639							
	Email: paul.grooms@windowsusa.com									
Refe	r to fee schedule to calculate required noti	fication fee. Notification	i fee must be su	bmitted with notification.						
MAT	L TO: Mississippi Department of Enviro	onmental Quality								
ATACNA	Lead Notifications									
	P.O. Box 2261, Jackson, MS 3922	.5								