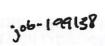
Mississippi Office of Pollution Control Lead-Based Paint Abatement/Renovation Notification





| MDEQ U | | | Postmark (mail only) | 1 | te Received | AI Nt | ember | |
|-----------|---|---------------------|-------------------------|----------------|---------------|---------------|--------------------|--|
| Email | ∐Mail | Hand Delivery | <u> </u> | | 2-1-23 | 3 | | |
| Project | Type: | Abatement | Renovation | Date of Bu | ilding Con | struction: 19 | 75 | |
| Please cl | neck all ap | plicable boxes for | the type of Notifica | tion: Ori | ginal Rev | vision Cance | ellation Emergency | |
| | | | on was also submit | | _ | | | |
| I. | PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility: | | | | | | | |
| | Physical Address Project Site: 3395 CCC Line Rd | | | | | | | |
| | City: Prai | rie | State: MS | Zip Cod | le: 39756 | County: Mo | nroe | |
| | Number of Units to be Abated/Renovated in the Building: 7 | | | | | | | |
| II. | BUILDING OWNER INFORMATION Mr./Mrs.: Stevie Robinson | | | | | | | |
| | | of Owner: 3395 CC | C Line Rd | City: Prai | rie | State: M | S ZIP: 39756 | |
| | Telephone Number: (662) 542-9665 | | | | | | | |
| III. | ABATE | MENT/RENOV | ATION CONTRA | CTOR IN | ORMATI | ON | | |
| 111 | Name of Certified Lead Abatement/Renovator Firm: Austin Floyd | | | | | | | |
| | Firm Certification Number: PBR-00008576 Telephone Number: (662) 266-8801 Exp. Date: 03/23/2023 | | | | | | | |
| | Address of Certified Firm: 1109 County Road 59 | | | | | | | |
| | | | S | | | Zin Coo | le: 38652 | |
| | | SATEMEN E TO A | | 14101 | and the state | | eria merinalisaka | |
| 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: | | | | | | | |
| | | | Name of Laboratory | | | | ber: | |
| v. | | AL CONTRAC | | | | | | |
| | Name of Firm: Windows USA | | | | | | | |
| | Firm Mailing Address: PO Box 222 Royal, AR 71968 | | | | | | | |
| | Contact Person: Chrystal Baugher Telephone Number: (501) 287-4826 | | | | | | | |
| VI. | | CT DATES | off no sinctness on ago | A longer pro-s | mark the fil | | | |
| | Lead Pro | oject Start: 02 | /08 /2023 | | | : 02 /10 | /2023 | |
| | Abatement/Renovation to be done during what time? Day (5 a.m 5 p.m.) Evening (5 p.m 8 p. Night (8 p.m 5 a.m.) Weekend | | | | | | | |
| VII. | DESCR | IPTION OF PR | OCEDURES TO E | BE USED (| CHECK A | LL THAT A | PPLY) | |
| , 21 | Wet Cont | Sanding [rainment] | Component Removed | oval | Heat G | un | 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

| IX. | WASTE TRANSPORTER Name: Austin Floyd | | | | | | | | | |
|------|---|---|--|--|--|--|--|--|--|--|
| | Full Mailing Address: 1109 County Road 59 | | | | | | | | | |
| | City: New Albany | | | | | | | | | |
| | Contact: Austin Floyd Telephone Number: (662) 266-8801 | | | | | | | | | |
| Х. | WASTE LEAD DISPOSAL SITE | | | | | | | | | |
| | Site Name: | | | | | | | | | |
| | Physical Address: | | | | | | | | | |
| | Full Mailing Address: | | | | | | | | | |
| | City: | State: | Zip Code: | | | | | | | |
| XI. | DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD Site Name: Canton Sanitary Landfill 203 Soldiers Colony Rd | | | | | | | | | |
| | Physical Address: 303 Soldiers Colony Rd | | | | | | | | | |
| | Full Mailing Address: | a. Me | 51 G 1 390/6 | | | | | | | |
| | City: Canton | State: WS | Zip Code: 39046 | | | | | | | |
| | 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 | | | | | | | | | |
| | are posted, while the required work area | containment is being establishe regularly direct work being pe | e physically present when the required signs ed, and while required work area cleaning is erformed by other individuals and must be conducted. | | | | | | | |
| XIV | CERTIFICATION OF ACCURAC | CY | | | | | | | | |
| | I certify that all of the above information | is correct. | | | | | | | | |
| | Print Austin Floyd | Signature Pusto f | Date 02/01/2023 | | | | | | | |
| | Contact information for return mail or qualiting Address: 1109 County Road | uestions concerning the inform | ation on this Notice | | | | | | | |
| | City: New Albany | State: N | IS Zip Code: 38652 | | | | | | | |
| | Contact: Austin Floyd | | Number: (662) 266-8801 | | | | | | | |
| | Email: austin.floyd@windowsusa.co | | vuinoer. | | | | | | | |
| | | | | | | | | | | |
| Refe | r to fee schedule to calculate required | notification fee. Notification | fee must be submitted with notification. | | | | | | | |
| MA | IL TO: Mississippi Department of En Lead Notifications P.O. Box 2261, Jackson, MS 3 | | | | | | | | | |