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



|         |   |                 |                  | Date Received 2-22-2                        |                                       | TOTAL TANK                                    |  |
|---------|---|-----------------|------------------|---|---------------------------------------|---|--|
| ease ch | Type: Abatement eck all applicable boxes heck if asbestos notifications.  | for the type of | Notification:    | Original Rev                                | rision Cancel                         |   |  |
|         | PROJECT/SITE INFO<br>Target Housing:<br>Child-Occupied Facility:  |                 |                  |   |                                       |   |  |
|         | Physical Address Project Site: Unit 15 CR 657   |                 |                  |   |                                       |   |  |
|         | City: Tupelo  |                 |                  |   | _ County: Lee                         |   |  |
|         | Number of Units to be Ab  | ated/Renovated  | in the Building: | 1   |                                       | Verillac_                                     |  |
|         | BUILDING OWNER INFORMATION  Mr./Mrs.: NPS, Natchez Trace Parkway Resource Management Division POC Christina Smith |                 |                  |   |                                       |   |  |
|         | Address of Owner: 2680 N  |                 | arkway City:     | Tupelo                                      | State: MS                             | ZIP: 38804                                    |  |
|         | Telephone Number: (662  | 840-7560        |                  |   |                                       |   |  |
| III.    | ABATEMENT/RENO  | VATION CO       | NTRACTOR         | INFORMATIO                                  | ON                                    |   |  |
|         | Name of Certified Lead Abatement/Renovator Firm: Roberts Builders, Inc.   |                 |                  |   |                                       |   |  |
|         | Firm Certification Number: NBF-00000321 Telephone Number: (662) 837-7835 Exp. Date: 10-5-23                       |                 |                  |   |                                       |   |  |
|         | Address of Certified Fir  |                 |                  |   | ·                                     | enp. Date                                     |  |
|         |   |                 |                  |   | Zin Code                              | -38663  |  |
|         | INSPECTION INFOR<br>Name of Renovator/In  | MATION          |                  | Mary and Mary Tolks<br>Tolks of the part of | rger with in - elek<br>rger — Tritory | At Jensen grangstands<br>At Jensen men granes |  |
| (       | Certification Number:_  |                 | Exp. Date:       | Date  | e Inspection Co                       | onducted:                                     |  |
|         | Test Method Used & M  | anufacturer of  | Testing Equipm   | nent:                                       | 46.48 9.                              | as a suffered                                 |  |
| ]       | For Paint Chip Analysis   | , Name of Lab   | oratory:         | Certi                                       | fication Number                       | er:   |  |
| V. (    | GENERAL CONTRA  | CTOR (Other     |                  |   |                                       | on catherine                                  |  |
|         | GENERAL CONTRACTOR (Other) Name of Firm: Roberts Builders, Inc.   |                 |                  |   |                                       |   |  |
|         | Firm Mailing Address: 204 W First St Ripley MS 38663  |                 |                  |   |                                       |   |  |
|         | Contact Person: Jarrett   |                 |                  | Telephone Nu                                | mber( )                               | TOTAL THE SHIPLES AND SHIPLES                 |  |
|         | Comact i cibon.   |                 |                  | _ rerephone rat                             | IIII0CI.()                            |   |  |
|         | DDO IECT DATEC  |                 |                  | a discriberation                            |                                       |   |  |
| VI. 1   | PROJECT DATES   | /13 /202        | 3 I es           | ad Project Stop:                            | 3 /24 /                               | 2023  |  |
| VI. I   | Lead Project Start: 3   | /13 /202        |                  | ad Project Stop:                            |                                       | 2023  |  |
| VI. I   | _   |                 |                  |   | - 5 p.m.)                             | 2023_<br> Evening (5 p.m. – 8<br> Weekend     |  |
| VI. I   | Lead Project Start: 3   | to be done dur  | ing what time?   | Day (5 a.m. Night (8 p.m                    | - 5 p.m.)                             | Evening (5 p.m. – 8<br>Weekend                |  |

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

Remove loose plaster and paint, and repaint unit.

|                       | Name: RES  |  |   |  |  |  |  |
|-----------------------|--|--|---|--|--|--|--|
|                       | Full Mailing Address: 1041 Co Rd 54  | 19   |   |  |  |  |  |
|                       | City: Ripley   | State: MS  | Zip Code: 38663   |  |  |  |  |
|                       | Contact: Shea Mask   | Telephone Number   | Zip Code: 38663<br>-: (662) 837-2384  |  |  |  |  |
| x.                    | WASTE LEAD DISPOSAL SITE   |  |   |  |  |  |  |
| 74.                   | Site Name: Three Rivers Landfill   |  |   |  |  |  |  |
|                       | Physical Address: 1904 Pontotoc Parkway West   |  |   |  |  |  |  |
|                       | Full Mailing Address: 1904 Pontotoc  |  |   |  |  |  |  |
|                       |  | State: MS  | 7in Code: 38863   |  |  |  |  |
|                       |  |  | Zip Code  |  |  |  |  |
| XI.                   | DISPOSAL SITE FOR DEBRIS OT  |  |   |  |  |  |  |
|                       | Site Name:   |  |   |  |  |  |  |
|                       | Physical Address:  |  |   |  |  |  |  |
|                       | Full Mailing Address:  |  |   |  |  |  |  |
|                       | City:  | State:   | Zip Code:   |  |  |  |  |
|                       |  |  |   |  |  |  |  |
| KII.                  | Contact Person:  NOTE: All debris (other than lead) should  ABATEMENT  A certified supervisor is required for each a during the post-abatement cleanup and clea being conducted, the certified supervisor sha  | Telephone Number digo to an authorized Rubbre batement project and shall rance of work areas. At all all be onsite or available by   | be onsite during all work site preparation an<br>other times when abatement activities are  |  |  |  |  |
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| XII.<br>XIII.         | Contact Person: NOTE: All debris (other than lead) should ABATEMENT A certified supervisor is required for each a during the post-abatement cleanup and clea being conducted, the certified supervisor shable to be present at the work site in no mor RENOVATION A certified renovator is required for each reare posted, while the required work area corperformed. The certified renovator must re  | Telephone Number digo to an authorized Rubbir batement project and shall be rance of work areas. At all all be onsite or available by the than 2 hours.  The convenient of the | be onsite during all work site preparation an other times when abatement activities are telephone, pager, or answering service, and be physically present when the required signed, and while required work area cleaning is erformed by other individuals and must be  |  |  |  |  |
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