REV

204639

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



MDEQ U ⊠Email		Postmark (mail only)	Date Received 07/03/2023	AI Number
Please ch	eck all applicable boxes for	Renovation Date of the type of Notification:	Original ARevision this project:	Cancellation Emergency
I.	PROJECT/SITE INFORT Target Housing: Entitle-Occupied Facility: Physical Address Project S]] Site: 3070 Heather Road		REVISED
	City: Vicksburg	State: MS Zip ed/Renovated in the Building:		ty: Warren
II.	BUILDING OWNER IN Mr./Mrs.: Gracie Daniel Address of Owner: 3070 He Telephone Number: (601) 2	ather Road City:	Vicksburg S	tate: MS ZIP: 39183
III.	Name of Certified Lead Firm Certification Number Address of Certified Firm		rm: William Blazier ne Number:(³¹⁸)372-0	188 Exp. Date: 01/30/2024
IV.	INSPECTION INFORM Name of Renovator/Insp Certification Number: Test Method Used & Mar		lucting Inspection: Date Inspe	ection Conducted:
v.	GENERAL CONTRAC Name of Firm: Windows L Firm Mailing Address: PC Contact Person: Mia Chris	TOR (Other) ISA D Box 222 Royal, AR 7196		
VI.		/06 /2023 Le to be done during what time	ead Project Stop: <u>07</u> ? Day (5 a.m. – 5 p.: Night (8 p.m. – 5 a	m.)
VII.	DESCRIPTION OF PR Wet Sanding Containment Other – Explain	OCEDURES TO BE USE Component Removal Strip and Removal	D (CHECK ALL TH Heat Gun Negative Air	IAT APPLY) Encapsulation Enclosure

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

IX.	WASTE TRANSPORTER Name: William Blazier					
	Full Mailing Address: 201 Sussex Driv	re				
	City: Monroe	State: LA	Zip Code: 71203			
	City: Monroe Contact: William Blazier	Telephone Number	:: (318) 372-0188			
X.	WASTE LEAD DISPOSAL SITE					
	Site Name: Republic Services Little Dixie Landfill					
	Physical Address: 1716 N County Line					
	Full Mailing Address:					
	City: Ridgeland	State: MS	Zip Code: 39157			
XI.	DISPOSAL SITE FOR DEBRIS OT	HER THAN LEAD				
	Site Name:					
	Physical Address:					
	Full Mailing Address:					
	_		7: 0 1			
	City:	State:	Zip Code:			
	City: Contact Person:					
XII.	Contact Person: NOTE: All debris (other than lead) should ABATEMENT A certified supervisor is required for each a	Telephone Number go to an authorized Rubb batement project and shall	er: ()			
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P.O. Box 2261, Jackson, MS 39225