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



205011

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| ease ch | Type: Abatement In Indeed All applicable boxes for the check if asbestos notification | e type of Notifi | cation: Origina | al Revision | Cancellation Emergency | | |
|---------|--|------------------|----------------------|------------------------------------|----------------------------|--|--|
| I. | PROJECT/SITE INFORM Target Housing: Child-Occupied Facility: | | nule ee e | | | | |
| | Physical Address Project Site | 1902 Wingfie | ld Cir | 0000 | I tie de | | |
| | City: Jackson | | Zip Code: 3 | | anty: Hinds | | |
| | Number of Units to be Abated. | Renovated in the | e Building: replacir | ig 16 windows | | | |
| II. | BUILDING OWNER INFORMATION Mr./Mrs.; Samuel or Hattie Gamblin | | | | | | |
| | Address of Owner: 1902 Wing | | City: Jacksor | 1 | State: MS ZIP: 39209 | | |
| | Telephone Number: (601) 750 | | | | | | |
| TTT | ABATEMENT/RENOVA | | ACTOR INFOR | MATION | | | |
| III. | | | | | | | |
| | Name of Certified Lead A | | | | 9022 - 02/20/202 | | |
| | - 1 kg - 1 ct (g) 1 ct (g) 1 ct (g) 1 ct (g) 2 c | | | ber:(001) 002 | -8033 Exp. Date: 03/28/202 | | |
| | Address of Certified Firm: 1 | | | | | | |
| | City: Brandon | | State: MS | | Zip Code: 39047 | | |
| IV. | INSPECTION INFORMA Name of Renovator/Inspec | | ssor Conducting | Inspection: | | | |
| | Certification Number: | | | | | | |
| | Test Method Used & Manua | | | | | | |
| | For Paint Chip Analysis, Na | | | | | | |
| | The state of the s | | | | | | |
| V. | GENERAL CONTRACTO | | | | | | |
| | Name of Firm: Windows USA Firm Mailing Address: PO Box 222, Royal, AR 71968 | | | | | | |
| | | | | | 4504 · 760 0000 | | |
| | Contact Person: Christine Wa | aiker | Tele | phone Numbe | r:(501)760-0292 | | |
| VI. | PROJECT DATES Lead Project Start: 07 / | 2 /2023 | Lead Proj | ect Stop: 07 | /12 /2023 | | |
| | Abatement/Renovation to b | e done during | | y (5 a.m. – 5 p ght (8 p.m. – 5 | | | |
| VII. | DESCRIPTION OF PRO | CEDURES TO | BE USED (CH | ECK ALL T | HAT APPLY) | | |
| | The second secon | | | | | | |
| | Wet Sanding | Component Re | moval | Heat Gun | Encapsulation | | |

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

Replacing 16 windows

| | WASTE TRANSPORTER Name: Gary Ogle | | | | | | |
|------|--|---|--|--|--|--|--|
| | Full Mailing Address: 126 Cape Charles | S | | | | | |
| | City: Brandon | State: MS | Zip Code: 39047 | | | | |
| | Contact: Gary Ogle | Talanhana Number: | 2601 \ 862-8033 | | | | |
| | Contact: Cary Ogic | relephone Number. (| | | | | |
| X. | WASTE LEAD DISPOSAL SITE | | | | | | |
| | Site Name: Canton Sanitary Landfill | | | | | | |
| | Physical Address: 303 Soldiers Colony | | | | | | |
| | Full Mailing Address: | | | | | | |
| | City: Canton | State: MS | Zip Code: 39046 | | | | |
| XI. | DISPOSAL SITE FOR DEBRIS OTH | IER THAN LEAD | | | | | |
| | Site Name: | | | | | | |
| | Physical Address: | | | | | | |
| | Full Mailing Address: | | | | | | |
| | | | | | | | |
| | City: | State: | Zip Code: | | | | |
| | City: | State: Telephone Number: | Zip Code: | | | | |
| XII. | Contact Person: NOTE: All debris (other than lead) should ABATEMENT A certified supervisor is required for each ab | Telephone Number: go to an authorized Rubbisl satement project and shall be | h Site, or to a permitted sanitary landfill. onsite during all work site preparation an | | | | |
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Lead Notifications

P.O. Box 2261, Jackson, MS 39225