204307

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



MDEQI	Jse Only:		Postmark (mail only)	Date Received	AL	Number	
⊠Email .	☐ ☐ Mail	Hand Delivery			07-10-20	4		
Project Please cl	Type:	Abatement E	Renovation	Date of	Building Const	ruction: 1	953 cellation Emergency	
Please c	heck if as	bestos notificatio	on was also subm	itted for	this project:		cenationkmergency	
I.	PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility: Physical Address Project Site: 272 Lay Street							
	City: Web	<u>b</u>	State: MS	Zip	Code: 38966	County: Ta	llahatchie	
	Number o	f Units to be Abate	d/Renovated in the	Building:	Replacing 15 wind	lows		
II.	BUILDING OWNER INFORMATION							
	-	Kathy Jones						
			Street	City:_	Vebb	State:_^	/IS ZIP: 38966	
	Telephone Number: (662) 645-0247							
III.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION							
	Name of Certified Lead Abatement/Renovator Firm: Trey Barkley							
	Firm Certification Number: PBR-00011864 Telephone Number: (662) 598-5455 Exp. Date: 2/05/2024							
		of Certified Firm:		•				
	City: New	Albany	S	tate: MS		Zip Co	de: 38652	
IV.	INSPEC	TION INFORM						
	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:							
	GENERAL CONTRACTOR (Other) Name of Firm: Windows USA							
	Firm Mailing Address; PO Box 222 Royal, AR 71968							
		erson: Chrystal Ba			Telephone Nun	nhar (501)	287-4826	
		,			_ rerepitotic 14un	ilber.(
	Lead Proj		11 /2023		d Project Stop: 0		/2023	
	Abatemen	t/Renovation to	be done during wh		■Day (5 a.m. – Night (8 p.m.		□Evening (5 p.m. – 8 p.m □Weekend	
VII.	DESCRI	PTION OF PRO	CEDURES TO E	BE USED	(CHECK ALL	THAT A	PPLY)	
	☐ Wet Sa ☐ Contai	anding [Component Remove Strip and Remove	oval	Heat Gun Negative A		Encapsulation 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: Trey Barkley								
	Full Mailing Address: 1158 CR 77								
	City: New Albany	State: MS	Zip Code: 38652						
	Contact: Trey Barkley	Telephone Numbe	r: (⁶⁶²) 598-5455						
X.	WASTE LEAD DISPOSAL SITE	-							
	Site Name: The Faircloth Rubbish Landfill								
	Physical Address: 1312 Springridge Rd								
	Full Mailing Address:	***							
	City, Clinton	04-4-	7: 0 1						
	City: Clinton		Zip Code:						
XI.	KI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD								
	Site Name:								
	Physical Address:								
	Full Mailing Address:								
	City:	State:	Zip Code:						
	Contact Person:	Telephone Numbe	er: ()						
	NOTE: All debris (other than lead) should go	to an authorized Rubb	ish Site, or to a permitted sanitary landfill.						
XII.	ABATEMENT								
	A certified supervisor is required for each abate during the post-abatement cleanup and clearance being conducted, the certified supervisor shall be able to be present at the work site in no more that	e of work areas. At all e onsite or available by	Other times when abatement activities are						
ХШ	RENOVATION								
	A certified renovator is required for each renova are posted, while the required work area contain performed. The certified renovator must regula available either onsite or by telephone at all time	iment is being establish rly direct work being p	ed, and while required work area cleaning is erformed by other individuals and must be						
XIV	CERTIFICATION OF ACCURACY								
	I certify that all of the above information is corre	ect.							
	Print_Trey Barkley Sign	nature Troy	Darkley Date 7/10/2-3						
	Contact information for return mail or questions	s concerning the inform	nation on this Nintice						
	Mailing Address: 1158 CR 77	1 9 9							
	City: New Albany	State: N	AS Zip Code: 38652						
	Contact: Trey Barkley		Number: (662) 598-5455						
	Email: trey.barkley@windowsusa.com								
Defe		A1 - C - NY							
	r to fee schedule to calculate required notifica		ree must be submitted with notification.						
MAI	L TO: Mississippi Department of Environm Lead Notifications	nental Quality							
	P.O. Box 2261, Jackson, MS 39225								