205041

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



| Email | I Mail Hand Delivery | rostmark (man only) | 07-11-202 | Al Number | | |
|-----------|---|-------------------------------------|------------------------------|------------------------------|----------|--|
| Project | Type: Abatement | Renovation Dat | e of Building Cons | struction: 1966 | | |
| Please cl | | or the type of Notification: | : Original Rev | ision Cancellation Emergency | | |
| I. | PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility: | | | | | |
| | Physical Address Project Site: 2919 Ridgeland Dr | | | | | |
| | City: Jackson | State: MS | Zip Code: 39212 | _ County: Hinds | | |
| | Number of Units to be Abated/Renovated in the Building: Replacing 13 windows | | | | | |
| II. | BUILDING OWNER INFORMATION Mr./Mrs.: Wesley Rice | | | | | |
| | Address of Owner: 2919 R | idgeland Dr C | ity: Jackson | State: MS ZIP: 39212 | | |
| | Telephone Number: (601) | 540-2718 | | 10.14 | | |
| III. | ABATEMENT/RENOVATION CONTRACTOR INFORMATION | | | | | |
| | Name of Certified Lead Abatement/Renovator Firm: Brian Wraight | | | | | |
| | Firm Certification Number: PBR-00011222 Telephone Number: 601 850-7154 Exp. Date: 07/21/2023 Address of Certified Firm: 121 David Henderson Rd | | | | | |
| | | | | | | |
| | | ne mania i manadadada media | ander satta (S. P. Sant Fole | o 8 hj. Lanus se ap 5 mil qi | Zip Code | |
| IV. | INSPECTION INFORMATION Name of Renovator/Inspector/Risk Assessor Conducting Inspection: | | | | | |
| | | | | e Inspection Conducted: | | |
| | | | | | | |
| | Test Method Used & Manufacturer of Testing Equipment: For Paint Chip Analysis, Name of Laboratory: Certification Number: | | | | | |
| | some and successfully apply on present the Strate Nation Act of the solid presents, production of the production | | | | | |
| V. | GENERAL CONTRACTOR (Other) | | | | | |
| | Name of Firm: Windows USA Firm Mailing Address: PO Box 222 Royal, AR 71968 | | | | | |
| | | | | | | |
| | Contact Person: Consume | vvaikei | Telephone Ni | umber:(501)760-0292 | | |
| VI. | PROJECT DATES Lead Project Start: 07 /17 /2023 Lead Project Stop: 07 /17 /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. | DESCRIPTION OF PROCEDURES TO BE USED (CHECK ALL THAT APPLY) | | | | | |
| | Wet Sanding ☐ Containment ☐ Other – Explain | Component Removal Strip and Removal | ☐ Heat Gui ☐ Negative | n Encapsulation | | |

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: Brian Wraight | | | | | | |
|------|--|--|---|------------|--|--|--|
| | Full Mailing Address: 121 David Henderson Rd | | | | | | |
| | City: Pelahatchie | State: MS | Zip Code: 39145 | | | | |
| | Contact: Brian Wraight Telephone Number: (601) 850-7154 | | | | | | |
| X. | WASTE LEAD DISPOSAL SITE Site Name: Mt. Helm Landrill | Y4) | | | | | |
| | Physical Address: 495 Mt Helm Rd | AT LOTTING THE | 185 one benefit implies to le | 199 | | | |
| | Full Mailing Address: 495 Mt Helm Rd | | | | | | |
| | City: Brandon | State: MS | Zip Code: 39047 | nusi | | | |
| XI. | DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD Site Name: | | | | | | |
| | Physical Address: | | | | | | |
| | Full Mailing Address: | | | | | | |
| | City: | State: | Zip Code: | MA TEL | | | |
| | Contact Person:NOTE: All debris (other than lead) shoul | Telephone Number | r: () | 1 1711 | | | |
| | NOTE: All debris (other than lead) should | d go to an authorized Rubbis | sh Site, or to a permitted sanitary | landfill. | | | |
| XII. | ABATEMENT | | | | | | |
| | A certified supervisor is required for each a during the post-abatement cleanup and cleanup being conducted, the certified supervisor shable to be present at the work site in no mo | arance of work areas. At all on all be onsite or available by to | other times when abatement activit | ties are | | | |
| XIII | RENOVATION | | | | | | |
| VIV | A certified renovator is required for each rare posted, while the required work area coperformed. The certified renovator must ravailable either onsite or by telephone at all CERTIFICATION OF ACCURACY | ontainment is being establishe egularly direct work being pe I times renovations are being | ed, and while required work area c erformed by other individuals and | leaning is | | | |
| AIV | I certify that all of the above information is | | CONTRACTOR CONTRACTOR | 1 | | | |
| | Print Brian Wraight | Signature Buan | What Date 7/11 | 23 | | | |
| | Contact information for return mail or questions concerning the information on this Notice Mailing Address: 121 David Henderson Rd | | | | | | |
| | City: Pelahatchie | State: MS | Zip Code: 39145 | mi z | | | |
| | Contact: Brian Wraight | Telephone N | Number: (601) 850-7154 | | | | |
| | Email: brian.wraight@windowsusa.com | | | | | | |
| Dofo | r to fee schedule to calculate required no | tification for Natification | for must be submitted with - at | :Castina | | | |
| | L TO: Mississippi Department of Envi Lead Notifications | | tee must be submitted with not | meation. | | | |

P.O. Box 2261, Jackson, MS 39225