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

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	<b>Postmark (mail only)</b>	<b>Date Received</b> 7.11.2023	<b>AI Number</b> 84249
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**Project Type:**    Abatement    Renovation      **Date of Building Construction:** \_\_\_\_\_  
**Please check all applicable boxes for the type of Notification:**    Original    Revision    Cancellation    Emergency  
**Please check if asbestos notification was also submitted for this project:**  

### I. PROJECT/SITE INFORMATION

Target Housing:     
Child-Occupied Facility:     
**Physical Address Project Site:** 205 second street  
City: flora      State: ms      Zip Code: 39071      County: madison  
Number of Units to be Abated/Renovated in the Building: \_\_\_\_\_

### II. BUILDING OWNER INFORMATION

Mr./Mrs.: Nelson and Teressa Ware  
Address of Owner: 205 second street      City: flora      State: Ms      ZIP: 39071  
Telephone Number: (\_\_\_\_) 601-201-3906

### III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

**Name of Certified Lead Abatement/Renovator Firm:** American Dream Homes  
Firm Certification Number: 00000867      Telephone Number: (60) 278-4180      Exp. Date: 6/29/2024  
Address of Certified Firm: 204 second street  
City: flora      State: MS      Zip Code: 39071

### IV. INSPECTION INFORMATION

**Name of Renovator/Inspector/Risk Assessor Conducting Inspection:** Virginia Mills  
Certification Number: 00012232      Exp. Date: 6/29/2024      Date Inspection Conducted: 7/6/2023  
Test Method Used & Manufacturer of Testing Equipment: 3m Lead Check swab  
For Paint Chip Analysis, Name of Laboratory: \_\_\_\_\_      Certification Number: \_\_\_\_\_

### V. GENERAL CONTRACTOR (Other)

Name of Firm: Tom Mills Construction  
Firm Mailing Address: 239 second street flora MS 3901  
Contact Person: Tom Mills      Telephone Number: (\_\_\_\_) 601-942-3297

### VI. PROJECT DATES

Lead Project Start: 7 / 11 / 23      Lead Project Stop: 7 / 12 / 23  
Abatement/Renovation to be done during what time?    Day (5 a.m. – 5 p.m.)    Evening (5 p.m. – 8 p.m.)  
    Night (8 p.m. – 5 a.m.)    Weekend

### VII. DESCRIPTION OF PROCEDURES TO BE USED (CHECK ALL THAT APPLY)

Wet Sanding       Component Removal       Heat Gun       Encapsulation  
 Containment       Strip and Removal       Negative Air       Enclosure  
 Other – Explain

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

**IX. WASTE TRANSPORTER**

Name: Got Waste  
Full Mailing Address: 120 US-49 N  
City: Jackson State: MS Zip Code: 39209  
Contact: \_\_\_\_\_ Telephone Number: (\_\_\_\_) 601-879-3969

**X. WASTE LEAD DISPOSAL SITE**

Site Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD**

Site Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
NOTE: All debris (other than lead) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

**XII. ABATEMENT**

A certified supervisor is required for each abatement project and shall be onsite during all work site preparation and during the post-abatement cleanup and clearance of work areas. At all other times when abatement activities are being conducted, the certified supervisor shall be onsite or available by telephone, pager, or answering service, and able to be present at the work site in no more than 2 hours.

**XIII. RENOVATION**

A certified renovator is required for each renovation project and shall be physically present when the required signs are posted, while the required work area containment is being established, and while required work area cleaning is performed. The certified renovator must regularly direct work being performed by other individuals and must be available either onsite or by telephone at all times renovations are being conducted.

**XIV. CERTIFICATION OF ACCURACY**

I certify that all of the above information is correct.  
Print Virginia Mills Signature Virginia Mills Date 7-10-23  
Contact information for return mail or questions concerning the information on this Notice  
Mailing Address: 239 second street  
City: flora State: MS Zip Code: 39071  
Contact: Tom Mills Telephone Number: (\_\_\_\_) 601-942-3297  
Email: millshomes@yahoo.com

Refer to fee schedule to calculate required notification fee. Notification fee must be submitted with notification.

EMAIL TO: [notifications@mdeq.ms.gov](mailto:notifications@mdeq.ms.gov) MAIL COPY TO: Mississippi Department of Environmental Quality  
Lead Notifications  
P.O. Box 2261, Jackson, MS 39225