

Postmarked 6/30/2023

Mississippi Office of Pollution Control

Lead-Based Paint Abatement/Renovation Notification

Rec'd 7/11/2023

DEF



Project Type: Abatement Renovation Date of Building Construction: 1930
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: Single Family Residence Multifamily Dwelling * (i.e. multifamily apartment, duplex, etc.)
Child-Occupied Facility: Daycare Pre-School Other _____
Physical Address Project Site 508 3rd Street North
City Amory State MS Zip Code 38858 County Monroe
Number of Units to be Abated/Renovated in the Building 11 windows

II. BUILDING OWNER INFORMATION

Mr./Mrs. Kimberly Gray
Address of Owner 508 3rd St N City Amory State MS Zip Code 38858
Telephone Number 662-509-1391

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm Window World of Tupelo-Columbus
Firm Certification Number NBF00000064 Telephone Number 662-842-5201 Exp. Date 8/21/23
Address of Certified Firm 4979 Cliff Gookin Blvd.
City Tupelo State MS Zip Code 38801

IV. INSPECTION INFORMATION

Name of Inspector/Risk Assessor Conducting Inspection _____
Certification Number _____ Exp. Date _____ Date Inspection Conducted _____
Test Method Used & Manufacturer of Testing Equipment Lead Check Swabs
For Paint Chip Analysis, Name of Laboratory _____ Certification Number _____

V. GENERAL CONTRACTOR (Other)

Name of Firm Window World of Tupelo-Columbus
Firm Mailing Address 4979 Cliff Gookin Blvd. Tupelo, MS 38801
Contact Person Jay Collins Telephone Number 662-842-5201

VI. PROJECT DATES

Lead Project Start 7/10/23 Lead Project Stop 8/10/23
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 Chemical Removal Heat Gun
 Containment Strip and Removal Negative Air
 Other - Explain _____

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VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (Including components to be removed)

Removal of (11) windows containing lead paint
Installation of (11) vinyl windows

IX. WASTE TRANSPORTER (Not required for Residential projects)

Name _____
Full Mailing Address _____
City _____ State _____ Zip Code _____
Contact _____ Telephone Number (____) _____

X. WASTE LEAD DISPOSAL SITE

Site Name Window World of Tupelo-Columbus
Physical Address 4979 Cliff Gookin Blvd. Tupelo, MS 38801
Full Mailing Address 4979 Cliff Gookin Blvd.
City Tupelo State MS Zip Code 38801

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name Window World of Tupelo-Columbus
Physical Address 4979 Cliff Gookin Blvd. Tupelo, MS 38801
Full Mailing Address 4979 Cliff Gookin Blvd.
City Tupelo State MS Zip Code 38801
Contact Person Jay Collins Telephone Number (662) 842-5201

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 2 hours or less.

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 Jay Collins Signature [Signature] Date 6/29/23

Contact information for return mail or questions concerning the information on this Notice

Mailing Address 4979 Cliff Gookin Blvd.
City Tupelo State MS Zip Code 38801
Contact Jay Collins Telephone Number (662) 842-5201

For Abatements, refer to fee schedule to calculate required notification fee. Notification fee must be submitted with notification.

MAIL TO: Mississippi Department of Environmental Quality
Lead Section
P.O. Box 2261
Jackson, MS 39225
(601) 961-5171

OR

Mississippi Department of Environmental Quality
Lead Section
515 East Amite Street
Jackson, MS 39201

Revised: 06/2011