204481

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



MDEQ U ⊠Email	se Only: Mail	Hand Delivery	Postmark (mail or	nly)	07-19-2023	Al Number	TIZEW ZI	
Please ch	eck all ap	Abatement policable boxes for sbestos notification	the type of Noti	fication: 🔳	Building Constru Original Revision	nction: 1975 on Cancellation	n Emergency	
lease c	neck ii as	sbestos notificati	on was also sub	mitted for	ims project.			
I.	Target He Child-Oc	cupied Facility:		o so sour i				
	Physical Address Project Site: 110 Crate Myrtle Drive City: Columbus State: MS Zip Code: 39705 County: Lowndes							
	City: Col	umbus	State: MS	Zip	Code: 39705	County: Lowndes	Gdar 3	
	Number	of Units to be Abate	ed/Renovated in t	he Building:	replacing 7 window	S	de Carrier	
II.	BUILD	ING OWNER IN Therman or Meloc	FORMATION					
		of Owner: 110 Crat		City:	Columbus	State: MS	ZIP: 39705	
		ne Number: (662) 5						
				D . CTOD	NEODA (TION			
III.					INFORMATION			
		f Certified Lead				1000	9.0000	
	Firm Certification Number: PBR-00008577 Telephone Number: (662) 316-3639 Exp. Date: 03/02/2024							
	Address	of Certified Firm	: 1056 CR 66				ER C. ds. 1140	
	City: My	rtle	range of the former	_State: MS	meters stansard to a	Zip Code: 386	550	
IV.	INSPECTION INFORMATION Name of Renovator/Inspector/Risk Assessor Conducting Inspection:							
	Certification Number: Exp. Date: Date Inspection Conducted:							
					ment:			
					Certific			
-21				-			and Sillon	
V.	GENERAL CONTRACTOR (Other)							
	Name of Firm: Windows USA							
	Firm Mailing Address: PO Box 222, Royal, AR 71968							
	Contact	Person: Christine	Walker		_ Telephone Num	nber:(501)760-02	292	
VI.		CT DATES oject Start: 07	/26 /2023	Le	ad Project Stop: 0	7 /26 /202	3	
	Abatem	ent/Renovation to	be done during	what time?	Day (5 a.m. – Night (8 p.m.	5 p.m.) ☐Eve - 5 a.m.) ☐We	ening (5 p.m. – 8 p.i ekend	
VII	DESCR	IPTION OF PR	OCEDURES T	O BE USE	D (CHECK ALL	THAT APPLY)	
Ango Is	☐ Wet ☐ Cont	Sanding [tainment	Component R Strip and Ren	emoval	Heat Gun Negative A	En	capsulation closure	

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

Retro Fit Pocket Replacement of Existing Windows with New Vinyl Windows

	WASTE TRANSPORTER					
	Name: Paul Grooms					
	Full Mailing Address: 1056 CR 66	ui-lema noin	1 83 E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	City: Myrtle	State: MS	Zip Code: 38650			
	Contact: Paul Grooms	Telephone Number	: (<u>662</u>) <u>316-3639</u>			
X.	WASTE LEAD DISPOSAL SITE					
	Site Name: Canton Sanitary Landfill					
	Physical Address: 303 Soldiers Colony	Road	PH religious Property All Library			
	Full Mailing Address:	rates and all all all all all all all all all al	sas is arrando y S			
	City: Canton		Zip Code: 39046			
XI.	DISPOSAL SITE FOR DEBRIS OTH	HER THAN LEAD	samara narawah arang Mun			
	Site Name:					
	Physical Address:					
	Full Mailing Address:					
	City:	State:	Zin Code:			
			= 2.0 0000.			
XII.	Contact Person: NOTE: All debris (other than lead) should ABATEMENT	go to an authorized Rubbi	sh Site, or to a permitted sanitary landfill.			
XII.	NOTE: All debris (other than lead) should	go to an authorized Rubbi natement project and shall I ance of work areas. At all Il be onsite or available by	sh Site, or to a permitted sanitary landfill. De onsite during all work site preparation and other times when abatement activities are			
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LBP Project Notification Form - Revised 2/2023

EMAIL TO: notifications@mdeq.ms.gov

MAIL COPY TO: Mississippi Department of Environmental Quality

P.O. Box 2261, Jackson, MS 39225

Lead Notifications