205700

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



MDEQ U Email	Mail Hand Delivery	Postmark (mail only	()	8.4. Zozz	Al Numbe	er .	
Please ch	Type: Abatement leck all applicable boxes for heck if asbestos notificati	the type of Notific	ation:	Original Revision		tion Emergency	
I.	PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility:						
	Physical Address Project Site: 276 County Road 514           City: Rienzi         State: MS         Zip Code: 38865         County: Alcorn						
					ity: Alcorn		
	Number of Units to be Abat	ed/Renovated in the	Building:_	Replacing 8 Windows			
II.	BUILDING OWNER INFORMATION						
	Mr./Mrs.: Cynthia or Mr. Mu	rphy		N1	140	20225	
	Address of Owner: 276 Cou		City: F	Sienzi S	tate: MS	_ZIP: 38865	
	Telephone Number: (662)	03-3565					
III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION							
	Name of Certified Lead Abatement/Renovator Firm: Chandler Moody						
	Firm Certification Number: PBR-00011171 Telephone Number: (662) 507-5154 Exp. Date: 02/20/2024						
	Address of Certified Firm	: 1691 CR 171					
	City: Blue Springs		State: MS	Z	ip Code: 3	8828	
IV.	INSPECTION INFORMATION Name of Panavatar/Inspector/Pick Assessor Conducting Inspection.						
	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:						
			у	Certification	i Number.		
V.	GENERAL CONTRAC						
	Name of Firm: Windows USA						
	Firm Mailing Address: PO Box 222 Royal AR 71968						
	Contact Person: Christine	Valker		Telephone Number:	(501) 760-	01292	
VI.	PROJECT DATES Lead Project Start: 08	/09 /2023	Lea	d Project Stop: 08	/09 /20	023	
	Abatement/Renovation to be done during what time? Day (5 a.m 5 p.m.) Evening (5 p.m 8 p.m.)						
	Abatement Renovation to	be done during w	nat time.	Night (8 p.m. – 5 a			
VII.	DESCRIPTION OF PRO	OCEDURES TO	BE USED	(CHECK ALL TH	AT APPI	-Y)	
	Wet Sanding Containment	Component Ren Strip and Remov	noval	Heat Gun Negative Air		Encapsulation Enclosure	
	Other – Explain						

## 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: Chandler Moody							
	Full Mailing Address: 1691 CR 171							
	City: Blue Springs	State: MS	Zip Code: 38828					
	Contact: Chandler Moody	Telephone Number:	State: MS Zip Code: 38828  Telephone Number: (662) 507-5154					
X.	WASTE LEAD DISPOSAL SITE Site Name: Republic Services Little Dixie Landfill							
	Physical Address: 1716 N County Line	Road						
	Full Mailing Address:							
	Full Mailing Address:  City: Ridgeland	State: MS	Zip Code: 39157					
XI.	DISPOSAL SITE FOR DEBRIS OT		ra wakala razan palebin					
	Site Name:							
	Physical Address:							
	Full Mailing Address:		and the second of the second o					
	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.							
	NOTE. All deblis (other than read) should	. 60 10 411 4411011204 110001	,,,,,					
VIII	during the post-abatement cleanup and clea being conducted, the certified supervisor sha able to be present at the work site in no more	rance of work areas. At all a all be onsite or available by t	oe onsite during all work site preparation and other times when abatement activities are telephone, pager, or answering service, and					
ХШ	RENOVATION	tion musicat and shall b	a physically present when the required signs					
	are posted, while the required work area con performed. The certified renovator must re available either onsite or by telephone at all	ntainment is being establishe gularly direct work being pe times renovations are being	e physically present when the required signs ed, and while required work area cleaning is erformed by other individuals and must be conducted.					
XIV	CERTIFICATION OF ACCURACY							
	I certify that all of the above information is Print Chandler Moody	correct. Signature	In MODOM Date 8 4 23					
	Contact information for return mail or questions concerning the information on this Notice							
	Mailing Address: 1691 CR 171	G N	15 7: 6 1 38828					
	City: Blue Springs	State: N						
	Contact: Chandler Moody	Telephone N	Number: ( <u>662</u> ) <u>507-5154</u>					
	Email: chandler.moody@windowsusa.	com						
Refe	r to fee schedule to calculate required no	tification fee. Notification	fee must be submitted with notification.					
MAI	L TO: Mississippi Department of Envir	ronmental Quality						

P.O. Box 2261, Jackson, MS 39225