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



MDEQ U		Postmark (mail only)	<b>Date Received</b>	AI Number
<b>Email</b>	Mail Hand Delive	ery	08-10-2023	
Please ch	heck all applicable boxe	Renovation Date s for the type of Notification: cation was also submitted	<b>■</b> Original <b>□</b> Revision	tion: 1975  Cancellation Emergency
I.	PROJECT/SITE IN Target Housing: Child-Occupied Facility Physical Address Projection	□ 7: □	Dood	
	City: Gulfport	State: MS	Zip Code: 39503 Co	
	Number of Units to be A	Abated/Renovated in the Buildi	ng: 1	
II.	BUILDING OWNER Mr./Mrs.: Stacey Mey Address of Owner: 133 Telephone Number: (22)	rers 89 John Clark Road _ <sub>Ci</sub>	ity: Gulfport	State: MS ZIP: 39503
III.	ABATEMENT/REN	OVATION CONTRACTO	OR INFORMATION	
	Name of Certified Lo	ead Abatement/Renovator	Firm: TRC Home Rep	pair, LLC
	Firm Certification Nu	mber: NBF-00000736 Telep	hone Number:( <u><sup>504</sup>)</u> <b>81</b> 3	3-4734 Exp. Date: 12/14/2023
	Address of Certified I	Firm: 431 Barreca St		
	City: Norco	State:	_A	Zip Code: 70079
IV.	INSPECTION INFO			
		<del>-</del>		
				pection Conducted:
		Manufacturer of Testing Equ		
	For Paint Chip Analys	sis, Name of Laboratory:	Certificat	ion Number:
V.	GENERAL CONTR Name of Firm: THE H	,		
	Firm Mailing Address	:2455 Paces Ferry Rd C-	11	
	Contact Person: Direct	tor of Services Compliand	E Telephone Number	er:( <u>770</u> ) <u>384-4422</u>
VI.	PROJECT DATES Lead Project Start: 08	3 /31 /2023	Lead Project Stop: <u>09</u>	/01 /2023
	Abatement/Renovatio	n to be done during what tir	<u> </u>	p.m.) $\square$ Evening (5 p.m. – 8 p.m. 5 a.m.) $\square$ Weekend
VII.	DESCRIPTION OF	PROCEDURES TO BE U	SED (CHECK ALL T	THAT APPLY)
	<ul><li> Wet Sanding</li><li> Containment</li><li> Other − Explain</li></ul>	<ul><li>■ Component Removal</li><li>Strip and Removal</li></ul>	☐ Heat Gun ☐ Negative Air	Encapsulation

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

Retrofitting and component removal for 9 windows

Name:							
	ailing Address:						
				Code:			
		_	51. ( <u>         )                           </u>				
	WASTE LEAD DISPOSAL SITE						
	me: **see onsite personnel						
	al Address:						
	ailing Address:						
City:		State:	Zıp (	Code:			
	SAL SITE FOR DEBRIS Come: **see onsite personnel						
	al Address:						
	ailing Address:						
City:		State:	Zip (				
Contact	t Person:	Telephone Numb	er: ()_				
Contact NOTE: I. ABATI A certific during the	t Person:  All debris (other than lead) sho  EMENT  ed supervisor is required for each the post-abatement cleanup and c	Telephone Numbould go to an authorized Rubon habatement project and shall learance of work areas. At a	oer: () bish Site, or I be onsite di Il other time	to a permitted sanitary landfill.  uring all work site preparation and when abatement activities are			
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P.O. Box 2261, Jackson, MS 39225