

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

659815



MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 4/13/2024	AI Number
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Project Type: Abatement Renovation **Date of Building Construction:** 1975
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: 307 Cecil Street
City: Columbus State: MS Zip Code: 39702 County: Lowndes
Number of Units to be Abated/Renovated in the Building: Replacing 13 Windows

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Elaine Lee
Address of Owner: 307 Cecil Street City: Columbus State: MS ZIP: 39702
Telephone Number: (662) 497-1557

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Jacob Kent
Firm Certification Number: PBR-00011865 Telephone Number: (662) 316-6365 Exp. Date: 02/05/2024 2/5/2025
Address of Certified Firm: 1004 CR 340
City: New Albany State: MS Zip Code: 38652

IV. INSPECTION INFORMATION

Name of Renovator/Inspector/Risk Assessor Conducting Inspection: _____
Certification Number: _____ Exp. Date: _____ Date Inspection Conducted: 970
Test Method Used & Manufacturer of Testing Equipment: _____
For Paint Chip Analysis, Name of Laboratory: _____ Certification Number: _____

V. GENERAL CONTRACTOR (Other)

Name of Firm: Windows USA
Firm Mailing Address: PO Box 222 Royal, AR 71968
Contact Person: Christine Walker Telephone Number: (501) 760-0292

VI. PROJECT DATES

Lead Project Start: 04 / 22 / 2024 Lead Project Stop: 04 / 22 / 2024
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)

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Wet Sanding | <input type="checkbox"/> Component Removal | <input type="checkbox"/> Heat Gun | <input type="checkbox"/> Encapsulation |
| <input checked="" type="checkbox"/> Containment | <input type="checkbox"/> Strip and Removal | <input type="checkbox"/> Negative Air | <input type="checkbox"/> Enclosure |
| <input type="checkbox"/> 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: Jacob Kent
Full Mailing Address: 1004 CR 340
City: New Albany State: MS Zip Code: 38652
Contact: Jacob Kent Telephone Number: (662) 316-6365

X. WASTE LEAD DISPOSAL SITE

Site Name: The Faircloth Rubbish Landfill
Physical Address: 1312 Springridge Road
Full Mailing Address: _____
City: Clinton State: MS 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 Jacob Kent Signature Jacob Kent Date 04/13/2024
Contact information for return mail or questions concerning the information on this Notice
Mailing Address: 1004 CR 340
City: New Albany State: MS Zip Code: 38652
Contact: Jacob Kent Telephone Number: (662) 316-6365
Email: jacob.kent@windowsua.com

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

MAIL TO: Mississippi Department of Environmental Quality
Lead Notifications
P.O. Box 2261, Jackson, MS 39225