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



	se Only:		Postmark (mail o	inty)	Date Received	24.1 344	ımber				
E.mail	Mail	Hand Delivery			10/7/2	2024					
		Abatement _	- Committee of the contraction o		Building Cons	A STATE OF THE PARTY OF THE PAR					
			7057	(1)	-		ellation Emergency				
Please c	heck if as	bestos notificati	on was also sul	omitted for	this project:						
I.	PROJEC	CT/SITE INFOR	RMATION								
	Target Housing:										
		cupied Facility:	J 700 40TH	OTDEET							
		Address Project S			20112						
	City: LAU		State: MS		Code: 39440	_ County: JO	NES				
	Number o	f Units to be Abate	ed/Renovated in	the Building:	ONE						
II.	BUILDING OWNER INFORMATION										
	Mr./Mrs.: MUNDISE MORTIMER										
		of Owner: 732 13		City:	LAUREL	State: N	S ZIP: 39440				
	Telephone Number: ()										
TTT			ATHON COM	DA CTOD	INCODMATIC	NAT.					
III.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION										
	Name of Certified Lead Abatement/Renovator Firm: NORMAN CONSTRUCTION										
	Firm Certification Number: NBF-00000639 Telephone Number: (601) 264-7114 Exp. Date: 2/28/2025										
		of Certified Firm									
	City: HA	TTIESURG		State: MS		Zip Coo	le: 39402				
IV.	INSPEC	TION INFORM	IATION								
111	Name of Renovator/Inspector/Risk Assessor Conducting Inspection: DAVE BINGHAM										
	Certification Number: PBI-00003690 Exp. Date: 3/31/2025 Date Inspection Conducted:										
	Certifica	tion Number: PD	1-00003090 E	Ap. Date.	Dan	Test Method Used & Manufacturer of Testing Equipment: NIGHTONEXLP300A					
	Test Met	hod Used & Mar	nufacturer of Te	sting Equipr	ment: NIGHTON	IEXLP300A	ber: PBF0000028				
*/	Test Met For Paint	hod Used & Mar t Chip Analysis, l	nufacturer of Te Name of Labora	sting Equipr	ment: NIGHTON	IEXLP300A	ber: PBF0000028				
v.	Test Met For Paint GENER	hod Used & Mar t Chip Analysis, l AL CONTRAC	nufacturer of Te Name of Labora TOR (Other)	esting Equiprent atory: MICROMETHO	ment: NIGHTON	IEXLP300A	ber: PBF0000028				
v.	Test Met For Paint GENER Name of	hod Used & Mar t Chip Analysis, l AL CONTRAC Firm: NORMAN	nufacturer of Te Name of Labora TOR (Other) I CONSTRUCT	esting Equiprent atory: MICROMETHO	ment: NIGHTON	IEXLP300A	ber: PBF0000028				
v.	Test Met For Paint GENER Name of Firm Ma	hod Used & Mar t Chip Analysis, I AL CONTRAC Firm: NORMAN iling Address: SA	nufacturer of Te Name of Labora TOR (Other) I CONSTRUCT AME	esting Equiprent atory: MICROMETHO	ment: NIGHTON	IEXLP300A fication Num					
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	Test Met For Paint GENER Name of Firm Ma Contact I PROJEC Lead Pro	hod Used & Mar t Chip Analysis, I AL CONTRAC Firm: NORMAN iling Address: SA Person: CHRIS M CT DATES iject Start: 10	nufacturer of Te Name of Labora TOR (Other) I CONSTRUCT AME //LLER	esting Equipratory: MICROMETH	ment: NIGHTON ODS LABORATORY Certif Telephone No and Project Stop:	umber:(601) 12 /6 - 5 p.m.)	264-7114 _/2024 Evening (5 p.m. − 8 p.r.				
VI.	Test Met For Paint GENER Name of Firm Ma Contact I PROJEC Lead Pro Abateme	hod Used & Mar t Chip Analysis, I AL CONTRAC Firm: NORMAN iling Address: SA Person: CHRIS N CT DATES oject Start: 10	nufacturer of Te Name of Labora TOR (Other) I CONSTRUCT AME //ILLER //28 //2024 o be done during	Esting Equipment of the street	Telephone Normal Project Stop: Day (5 a.m. Night (8 p.m.	umber:(601) 12 /6 - 5 p.m.) n 5 a.m.)	264-7114 _/2024 Evening (5 p.m. – 8 p.m. – 9 p.m. –				
VI.	Test Met For Paint GENER Name of Firm Ma Contact I PROJEC Lead Pro Abateme	hod Used & Mark Chip Analysis, In AL CONTRACT Firm: NORMAN Illing Address: SA Person: CHRIS MACT DATES Direct Start: 10 cmt/Renovation to the IPTION OF PROPERTY CONTRACTOR CONT	nufacturer of Te Name of Labora TOR (Other) I CONSTRUCT AME //ILLER //28 //2024 o be done during	Leg what time?	Telephone Noted Project Stop: Day (5 a.m. Night (8 p.m.)	umber:(601) 12 /6 - 5 p.m.) n 5 a.m.) LL THAT A	264-7114 _/2024 Evening (5 p.m. − 8 p.π. Weekend PPLY)				
VI.	Test Met For Paint GENER Name of Firm Ma Contact I PROJEC Lead Pro Abateme	hod Used & Mar t Chip Analysis, I AL CONTRAC Firm: NORMAN iling Address: SA Person: CHRIS N CT DATES oject Start: 10	nufacturer of Te Name of Labora TOR (Other) I CONSTRUCT AME //ILLER //28 //2024 o be done during	Leg what time?	Telephone Normal Project Stop: Day (5 a.m. Night (8 p.m.	umber:(601) 12 /6 - 5 p.m.) n 5 a.m.) LL THAT A	264-7114 _/2024 Evening (5 p.m. – 8 p.i Weekend				

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

PREP AND PAINT EXTERIOR OF HOUSE

X. WASTE TRANSPORTER							
Name: ALL PRO DISPOSAL							
Full Mailing Address: PO BOX 17	563						
	State: MS	Zip Code: 39402					
Contact: KYLE COOK	Telephone Number	Telephone Number: (601) 550-0616					
WASTE LEAD DISPOSAL SIT	E						
Site Name: RANDY DANNY INC							
Physical Address: 184 IRA G ODG	OM ROAD						
Full Mailing Address: SAME							
City: ELLISVILLE	State: MS	Zip Code: 39437					
	DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD						
Site Name: SAME							
Physical Address:							
Full Mailing Address:							
City:	State:	Zip Code:					
Contact Person: RANDY DANNY	Telephone Numbe	Zip Code:er: ()ish Site, or to a permitted sanitary landfill.					
NOTE: All debris (other than lead) sh	ould go to an authorized Rubbi	ish Site, or to a permitted sanitary landfill.					
during the post-abatement cleanup and being conducted, the certified supervisor	clearance of work areas. At all r shall be onsite or available by	be onsite during all work site preparation and other times when abatement activities are telephone, pager, or answering service, and					
able to be present at the work site in no	more than 2 hours.						
III.RENOVATION							
are posted, while the required work are	a containment is being establish st regularly direct work being p	be physically present when the required signs led, and while required work area cleaning is erformed by other individuals and must be g conducted.					
IV. CERTIFICATION OF ACCURA	ACY						
I certify that all of the above information	n is correct.						
Print KATIE HINTON	_ Signature Latie	Vints Date 10/4/2024					
Contact information for return mail or questions concerning the information on this Notice							
Mailing Address: PO BOX 15399							
City: HATTIESBURG	State: N	MS Zip Code: 39404					
Contact: CHRIS MILLER	Telephone l	Number: (601)264-7114					
Email: TRISH@NORMANCONS							
efer to fee schedule to calculate required	notification fee. Notification	n fee must be submitted with notification.					
MAIL TO: notifications@mdeq.ms.gov	Lea	ssissippi Department of Environmental Q ad Notifications D. Box 2261, Jackson, MS 39225					