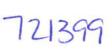
Mississippi Office of Pollution Control Lead-Based Paint Abatement/Renovation Notification 721399





	e Only:	Table 1	Postmark (m	an omy)	Date Received		mber	- 11		
	Mail	Hand Delivery			11-06-2024	<u> </u>	j*			
oioct 7	Cyna.	Abstement	Renovatio	n Date (of Building Const	ruction: 19	61			
asa ch	eck all an	nlicable boxes for	or the type of N	Notification:	Original Revi	sion Cance	ellation Emergenc	v		
					r this project:		—	•		
						_				
	PROJECT/SITE INFORMATION									
	Target Housing: Child-Occupied Facility:									
	Physical	Address Project	t Site: 3821 C	alifornia Ave			418			
	City: Jack	rson	State: M	S Zi	p Code: 39213	_ County: Hin	ds			
	Number o	of Units to be Ab	ated/Renovated	in the Building	g:Replacing 12 v	vindows				
	BUILDING OWNER INFORMATION Mr./Mrs.: Terry Haley									
	Address of	of Owner: 3821	California Av	e City	_{v:} Jackson	State: M	S ZIP: 39243			
		e Number: (601)			// S					
				NTD A CTOI	DINEODMATIC	N				
III.										
	Name of Certified Lead Abatement/Renovator Firm: Brian Wraight									
	Firm Certification Number: PBR-00011222 Telephone Number: (601) 850-7154 Exp. Date: 07/21/2025 Address of Certified Firm: 121 David Henderson Rd									
						7. 0	30145			
	City: Pel	anatchie		State: N	S	Zip Coc	le: 33143	_		
IV.	INSPEC	CTION INFOR	MATION	17707						
	Name of Renovator/Inspector/Risk Assessor Conducting Inspection:									
							~ 15000 c			
	Certifica	tion Number:_					Conducted 921			
	Certifica Test Met	tion Number:_ thod Used & M	anufacturer of	Testing Equi	pment:			_		
	Certifica Test Met	tion Number:_ thod Used & M	anufacturer of	Testing Equi	pment:			_		
V.	Certifica Test Met For Pain	tion Number:_thod Used & Mt Chip Analysis	anufacturer of	Testing Equi	pment:			_		
v.	Certifica Test Met For Pain GENER	tion Number:_thod Used & Mt Chip Analysis	anufacturer of s, Name of Lab	Testing Equi	pment:			_		
V.	Certifica Test Met For Pain GENER Name of	tion Number:_thod Used & M t Chip Analysis AL CONTRA Firm: Windows	anufacturer of s, Name of Lab CTOR (Others USA	Testing Equiporatory:	pment: Certif			_		
V.	Certifica Test Met For Pain GENER Name of Firm Ma	thod Used & M t Chip Analysis AL CONTRA Firm: Windows	anufacturer of s, Name of Lab CTOR (Others USA	Testing Equiporatory:	pment: Certif	fication Num	ber:	_		
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	Certifica Test Met For Pain GENER Name of Firm Ma Contact PROJE	thod Used & M t Chip Analysis AL CONTRA Firm: Windows tiling Address: Person: Christine	anufacturer of s, Name of Lab CTOR (Other s USA PO Box 222 R e Walker	Testing Equiporatory: r) Royal, AR 7196	pment: Certif	fication Num	ber:	_		
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VI.	Test Met For Pain GENER Name of Firm Ma Contact PROJE Lead Pro Abateme	thod Used & M t Chip Analysis AL CONTRA Firm: Windows tiling Address: Person: Christine CT DATES bject Start: 11 ent/Renovation	anufacturer of s, Name of Lab CTOR (Others USA PO Box 222 R e Walker /15 /202 to be done du	Testing Equiporatory: r) Royal, AR 7196 24 Iring what tim	Day (5 a.m.	fication Num umber:(501) 11 /15 - 5 p.m.) [n 5 a.m.) [ber:			
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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: Brian Wraight									
	Full Mailing Address: 121 David Henders	on Rd		1	41					
	City: Pelahatchie	State: MS	Zip Coo	Zip Code: 39145						
	Contact: Brian Wraight	Telephone Number	lephone Number: (601)850-7154							
X.	WASTE LEAD DISPOSAL SITE									
	NO. 11. L. T			. N	G					
	Physical Address: 495 Mt Helm Rd				700					
	Full Mailing Address: 495 Mt Helm Rd									
	City: Brandon	State: MS	Zip Coo	de: 39047						
XI.	DISPOSAL SITE FOR DEBRIS OTHE									
	Site Name:									
	Physical Address:									
	Full Mailing Address:				-					
	City:	State:	Zip Coo	de:						
	Contact Person:									
	NOTE: All debris (other than lead) should go	to an authorized Rubbi	sh Site, or to	a permitted sanitary	landfill.					
X Z I X	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	I.RENOVATION	oution and shall b	o mbassicalla n	wasant whan the rea	uirad sians					
	A certified renovator is required for each renovate posted, while the required work area contaperformed. The certified renovator must regulavailable either onsite or by telephone at all times.	inment is being establishe larly direct work being pe	ed, and while erformed by o	required work area	cleaning is					
XIV	CERTIFICATION OF ACCURACY			75)	/ la					
	I certify that all of the above information is cor	rect.	111.	1 4						
	Print Brian Wraight Si	gnature Buan	Margi	Date	6/2024					
	Contact information for return mail or questions concerning the information on this Notice Mailing Address: 121 David Henderson Rd									
	City: Pelahatchie	State: N	1S	Zip Code: 39145						
	Contact: Brian Wraight	Telephone N	Jumber (60	1 850-7154						
	Email: brian.wraight@windowsusa.com	rerephone i	varioer. (vir					
					, d.					
Refe	r to fee schedule to calculate required notifi	cation fee. Notification	fee must be	submitted with no	tification.					
MA	IL TO: Mississippi Department of Environ	nmental Quality								
	Lead Notifications									

P.O. Box 2261, Jackson, MS 39225