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



e Only:	Hand Delivery	Postmark (mail only)		Date Received	AI Nu	mber
Livian	Hand Denvery			12-17-2024		
				_		
					on Cance	llation Emergency
eck if as	bestos notification	on was also submi	itted for	this project:		
		MATION				
Target Ho	ousing:					
			St			
				Cada: 39213	County: Hind	ls
			Dunuing.	. topiconig o min	-	
		FORMATION				
		line Ot	00000	Lastrana	MC	20212
			City: _	Jackson	State: NS	SZIP:_39213
Telephon	e Number: (601)94	40-4003				
ABATE	MENT/RENOVA	ATION CONTRA	CTOR	INFORMATION	1	
Name of Certified Lead Abatement/Renovator Firm: Brian Wraight						
Firm Certification Number: NBF-00000927 Telephone Number: (601) 850-7154 Exp. Date: 08/31/2025						
			100			
					Zip Cod	e: 39145
		0				
INSPEC Name of	Renovator/Insp	ATION ector/Risk Assess	or Cond	ucting Inspection	Brian Wr	aight
20124-2014-2014-2014-2014-2014-2014-2014						
			у	Cerune	anon Num	
Contact 1	Person: Christine V	Valker		_ Telephone Nun	nber:( <u><sup>501</sup>)</u> 7	60-0292
PROJE	CT DATES					
		/30 /2024	Le	ad Project Stop: 1	2 /30	<u>/</u> 2024
Abateme	nt/Renovation to	be done during w	hat time?	■Day (5 a.m. –	5 p.m.)	Evening (5 p.m. $-8$ p.
				□Night (8 p.m.	− 5 a.m.) [	Weekend
DECCD	IDTION OF DDA	CENTIDES TO	RE HEFI			
	-	=		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	7 111A1 A1	Encapsulation
	_ =				Air [	Enclosure
		J Strip and Remov				
	PROJECT Name of Certificat Test Met Serial M	Sype: Abatement Sek all applicable boxes for eck if asbestos notification PROJECT/SITE INFORT Target Housing: Child-Occupied Facility: Physical Address Project State: Jackson Number of Units to be Abate BUILDING OWNER IN Mr./Mrs.: Otis Johnson Address of Owner: 1910 Both Telephone Number: (601) 94 ABATEMENT/RENOVANAME OF Certification Number Address of Certified Lead Africation Firm: City: Pelahatchie  INSPECTION INFORM Name of Renovator/Inspectification Number: PBR Test Method Used & Manufor Paint Chip Analysis, Name of Firm: Windows User Mailing Address: POContact Person: Christine Version Certification Christine Version Certification Christine Version Contact Person: Christine Version Contact Person: Christine Version Certification to Matement/Renovation to	Type: Abatement Renovation  Sek all applicable boxes for the type of Notificateck if asbestos notification was also submit PROJECT/SITE INFORMATION  Target Housing: 1910 Boling Stories: MS  Number of Units to be Abated/Renovated in the BUILDING OWNER INFORMATION  Mr./Mrs.: Otis Johnson  Address of Owner: 1910 Boling Stories of Owner:	Type:	Mail   Hand Delivery   12-17-2024	Mail   Hand Delivery   12-17-2024     Sype:   Abatement   Renovation   Date of Building Construction: 1966     State all applicable boxes for the type of Notification:   Original   Revision   Canceleck if asbestos notification was also submitted for this project:

## 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 Henderson Rd						
	City: Pelahatchie	State: MS	Zip Code: 39145				
	Contact: Brian Wraight	Telephone Number	: ( <u>601</u> ) <u>850-7154</u>				
X.	WASTE LEAD DISPOSAL SITE						
	Site Name: Mt. Helm Landrill						
	Physical Address: 495 Mt Helm Rd						
	Full Mailing Address: 495 Mt Helm Rd						
	City: Brandon	State: MS	Zip Code: 39047				
XI.	DISPOSAL SITE FOR DEBRIS OTHE						
	Site Name:						
	Physical Address:						
	Full Mailing Address:						
	City:						
	Contact Person:	Telephone Numbe	r: ( )				
	Contact Person:NOTE: All debris (other than lead) should go	to an authorized Rubbi	sh Site, or to a permitted sanitary landfill.				
XII.	ABATEMENT						
	A certified supervisor is required for each abat during the post-abatement cleanup and clearar being conducted, the certified supervisor shall able to be present at the work site in no more the	ice of work areas. At all o be onsite or available by t	other times when abatement activities are				
XIII	.RENOVATION						
	A certified renovator is required for each renovator posted, while the required work area conta performed. The certified renovator must regul available either onsite or by telephone at all times.	inment is being establishe arly direct work being pe	d, and while required work area cleaning is rformed by other individuals and must be				
XIV	CERTIFICATION OF ACCURACY						
	I certify that all of the above information is cor	rect.	Maniett				
	Print Brian Wraight Si	gnature Man	Uraig Late 12/17/2024				
	Contact information for return mail or question Mailing Address: 121 David Henderson R	- C	ation on this Notice				
	City: Pelahatchie	State: M	S Zip Code: 39145				
	Contact: Brian Wraight		Tumber: (601) 850-7154				
	Email: brian.wraight@windowsusa.com	receptione is	difficer. ()				
<b>D</b>	and the state of t						
Kefei	r to fee schedule to calculate required notific	cation fee. Notification	tee must be submitted with notification.				
MAI	LTO: Mississippi Department of Environ	mental Quality					

**Lead Notifications** 

P.O. Box 2261, Jackson, MS 39225