



# Mississippi Office of Pollution Control

## Lead-Based Paint Abatement/Renovation Notification

<b>MDEQ Use Only:</b> <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	<b>Postmark (mail only)</b>	<b>Date Received</b>	<b>AI Number</b>
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**Project Type:** ☐ Abatement   ☐ Renovation      **Date of Building Construction:** \_\_\_\_\_

**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:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Number of Units to be Abated/Renovated in the Building: \_\_\_\_\_

### II. BUILDING OWNER INFORMATION

Mr./Mrs.: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

### III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

**Name of Certified Lead Abatement/Renovator Firm:** \_\_\_\_\_

Firm Certification Number: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address of Certified Firm: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### IV. INSPECTION INFORMATION

**Name of Renovator/Inspector/Risk Assessor Conducting Inspection:** \_\_\_\_\_

Certification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Date Inspection Conducted: \_\_\_\_\_

Test Method Used & Manufacturer of Testing Equipment: \_\_\_\_\_

For Paint Chip Analysis, Name of Laboratory: \_\_\_\_\_ Certification Number: \_\_\_\_\_

### V. GENERAL CONTRACTOR (Other)

Name of Firm: \_\_\_\_\_

Firm Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

### VI. PROJECT DATES

Lead Project Start: \_\_\_\_/\_\_\_\_/\_\_\_\_      Lead Project Stop: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 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)**

**IX. WASTE TRANSPORTER**

Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

**X. WASTE LEAD DISPOSAL SITE**

Site Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ 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 \_\_\_\_\_ Signature Brian Wraight Date \_\_\_\_\_

Contact information for return mail or questions concerning the information on this Notice

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

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