

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



MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 4/12/2024	AI Number
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Project Type: Abatement Renovation **Date of Building Construction:** 1920
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: 717 N 2ND AVE
 City: LAUREL State: MS Zip Code: 39440 County: JONES
 Number of Units to be Abated/Renovated in the Building: ONE

II. BUILDING OWNER INFORMATION

Mr./Mrs.: WHITNEY MEEKS
 Address of Owner: SAME City: _____ State: _____ ZIP: _____
 Telephone Number: (____) _____

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 2/25/2024
 Address of Certified Firm: 788 RICHBURG ROAD
 City: HATTIESBURG State: MS Zip Code: 39402

IV. INSPECTION INFORMATION

Name of Renovator/Inspector/Risk Assessor Conducting Inspection: DAVE BINGHAM
 Certification Number: PBI-00003690 Exp. Date: 3/31/2025 Date Inspection Conducted: 4/4/2024
 Test Method Used & Manufacturer of Testing Equipment: NIGHTONEXLP300A
 For Paint Chip Analysis, Name of Laboratory: MICROMETHODS LAB Certification Number: PBF0000028

V. GENERAL CONTRACTOR (Other)

Name of Firm: NORMAN CONSTRUCTION
 Firm Mailing Address: SAME
 Contact Person: BEN BARNES Telephone Number: (601) 264-7114

VI. PROJECT DATES

Lead Project Start: 5 / 1 / 2024 Lead Project Stop: 6 / 17 / 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)

PAINT INTERIOR, REPAIR VARIOUS PLASTER AREAS, PAINT EXTERIOR TRIM

IX. WASTE TRANSPORTER

Name: ALL PRO DISPOSAL
Full Mailing Address: PO BOX 17563
City: HATTIESBURG State: MS Zip Code: 39402
Contact: KYLE COOK Telephone Number: (601) 550-0616

X. WASTE LEAD DISPOSAL SITE

Site Name: RANDY DANNY INC
Physical Address: 184 IRA G ODOM ROAD
Full Mailing Address: SAME
City: ELLISVILLE State: MS Zip Code: 39437

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name: SAME
Physical Address: _____
Full Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: RANDY DANNY 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 KATIE P HINTON Signature  Date 4/11/2024

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

Mailing Address: PO BOX 15399
City: HATTIESBURG State: MS Zip Code: 39404
Contact: BEN BARNES Telephone Number: (601) 264-7114
Email: BEN@NORMANCONSTRUCTION.NET

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

EMAIL TO: notifications@mdeq.ms.gov MAIL COPY TO: Mississippi Department of Environmental Quality
Lead Notifications
P.O. Box 2261, Jackson, MS 39225