

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



<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	<b>Postmark (mail only)</b>	<b>Date Received</b> 4/12/2024	<b>AI Number</b>
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**Project Type:**    Abatement    Renovation    **Date of Building Construction:** 1917  
 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:** 803 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.: AMANDA COOLEY  
 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  
 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: 4 / 26 / 2024    Lead Project Stop: 6 / 20 / 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 ORIGINAL EXTERIOR WINDOWS AND TRIM, PAINT INTERIOR

**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.

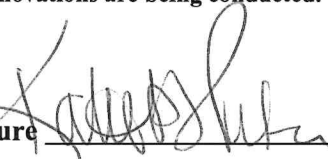
**XII. ABATEMENT**

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