



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 4/18/2024	AI Number
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Project Type: Abatement Renovation **Date of Building Construction:** Pre 1978
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: 16839 E Main St
 City: Louisville State: MS Zip Code: 39339 County: Winston
 Number of Units to be Abated/Renovated in the Building: 9 windows

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Sharon Reed
 Address of Owner: 16220 Hwy 397 City: Louisville State: MS ZIP: 39339
 Telephone Number: (662) 803-2513

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Hands Renovators
 Firm Certification Number: MBF-00000628 Telephone Number: (662) 231-7112 Exp. Date: 8-9-2024
 Address of Certified Firm: 106 Tupelo Ave
 City: Nettleton State: MS Zip Code: 38858

IV. INSPECTION INFORMATION

Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Scott Kitchens
 Certification Number: PBR-00009062 Exp. Date: 8/9-2024 Date Inspection Conducted: 2-22-24
 Test Method Used & Manufacturer of Testing Equipment: EscaTech D Lead
 For Paint Chip Analysis, Name of Laboratory: _____ Certification Number: Lot# 24026

V. GENERAL CONTRACTOR (Other)

Name of Firm: Same as above
 Firm Mailing Address: _____
 Contact Person: Scott Kitchens Telephone Number: (662) 231-7112

VI. PROJECT DATES

Lead Project Start: 4/24/24 Lead Project Stop: 4/24/24
 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)

Wet Sanding Component Removal Heat Gun Encapsulation
 Containment Strip and Removal Negative Air Enclosure
 Other – Explain

VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE AFFECTED) *Replacing 9 windows*

IX. WASTE TRANSPORTER

Name: NA
Full Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Telephone Number: (____) _____

X. WASTE LEAD DISPOSAL SITE

Site Name: Monroe County Landfill
Physical Address: 52076 MS-8
Full Mailing Address: _____
City: Aberdeen State: MS Zip Code: 39730

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name: Same as above
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 Scott Kitchens Signature [Signature] Date 4-18-2024

Contact information for return mail or questions concerning the information on this Notice
Mailing Address: 106 Tupelo Ave
City: Nettleton State: MS Zip Code: 38858
Contact: Scott Kitchens Telephone Number: (662) 231-7112
Email: KendSrenovators@gmail.com

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