

Mississippi Office of Pollution Control

Lead-Based Paint Abatement/Renovation Notification



MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only) 8.12.2024	Date Received 8.15.2024	AI Number
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Project Type: Abatement Renovation Date of Building Construction: Approx 1935
 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: 1008 N 7th Ave
 City: Lauder State: MS Zip Code: 39440 County: JONES
 Number of Units to be Abated/Renovated in the Building: 1 door

II. BUILDING OWNER INFORMATION

Mr./Mrs.: William Hanley
 Address of Owner: Same as above City: _____ State: _____ ZIP: _____
 Telephone Number: (601) 461-9166

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Keith Moore Const
 Firm Certification Number: NBF 000253 Telephone Number: (601) 434 6734 Exp. Date: 8-13-24
 Address of Certified Firm: 3112 Glendale Ave 08-15-2025 (renewed 8-13-25)
 City: Hattiesburg State: MS Zip Code: 39401

IV. INSPECTION INFORMATION

Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Keith Moore
 Certification Number: PBR 0002647 Exp. Date: 8-13-25 ⁰⁸⁻¹⁵⁻²⁰²⁵ Date Inspection Conducted: 7-1-2024
 Test Method Used & Manufacturer of Testing Equipment: (Presumed Lead)
 For Paint Chip Analysis, Name of Laboratory: _____ Certification Number: _____

V. GENERAL CONTRACTOR (Other)

Name of Firm: Keith Moore Const *(Customer claims Lead Abatement done by contractor a few years ago but has no documentation)*
 Firm Mailing Address: 3112 Glendale Ave
 Contact Person: Keith Moore Telephone Number: (601) 434 6734

VI. PROJECT DATES

Lead Project Start: 8/24/2024 Lead Project Stop: 8/30/2024
 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)

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

VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE AFFECTED)

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IX. WASTE TRANSPORTER

Name: City of Laurel waste management
Full Mailing Address: _____
City: Laurel State: MS Zip Code: 39440
Contact: unknown Telephone Number: (601) 477-2004

X. WASTE LEAD DISPOSAL SITE

Site Name: Pine Belt Jones/Laurel Landfill
Physical Address: Hillcrest Dr Lot 2504 Moose Dr Laurel, MS 39440
Full Mailing Address: 2504 Moose Dr
City: Laurel State: MS Zip Code: 39440

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name: Laurel Landfill
Physical Address: 2504 Moose Dr Laurel MS 39440
Full Mailing Address: same as above
City: _____ State: _____ Zip Code: _____
Contact Person: unknown Telephone Number: (601) 477-2004

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 Kevin Moore Signature [Signature] Date 8-7-2024

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

Mailing Address: 3112 Glendale Ave
City: Hattiesburg State: MS Zip Code: 39401
Contact: Kevin Moore Telephone Number: (601) 4346734
Email: Lowes.installer@hotmail.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