

# 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> 10/7/2024	<b>AI Number</b>
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**Project Type:**     Abatement     Renovation    **Date of Building Construction:** 1972  
**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:** 24 MAR REE DRIVE  
 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.: ACQUELINE DONSEREAUX  
 Address of Owner: 24 MAR REE DRIVE    City: LAUREL    State: MS    ZIP: 39440  
 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: HATTIESURG    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:  
 Test Method Used & Manufacturer of Testing Equipment: NIGHTONEXLP300A  
 For Paint Chip Analysis, Name of Laboratory: MICROMETHODS LABORATORY    Certification Number: PBF0000028

### V. GENERAL CONTRACTOR (Other)

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

### VI. PROJECT DATES

Lead Project Start: 10 / 22 / 2024    Lead Project Stop: 12 / 10 / 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)**

PREP AND PAINT EXTERIOR TRIM OF HOUSE

**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 HINTON Signature Katie Hinton Date 10/4/2024

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: CHRIS MILLER Telephone Number: (601) 264-7114

Email: TRISH@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