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



MDEQ U Email		Postmark (mail only)	Date Received 4/01/2025	AI Number		
	Type: Abatement					
	teck all applicable boxes for heck if asbestos notification			on Cancellation Emergen	cy	
I.	PROJECT/SITE INFORMATION  Target Housing: Child-Occupied Facility:					
	Physical Address Project S					
	City: Jackson					
	Number of Units to be Abate	d/Renovated in the Build	ing: Replacing 12 wind	ows		
II.	BUILDING OWNER IN Mr./Mrs.: Eugene Coleman	FORMATION				
	Address of Owner: 830 Gore	Road C	ity: Jackson	State: MS ZIP: 39212		
	Telephone Number: (662)2		-		<del></del>	
III.	ABATEMENT/RENOV.	ATION CONTRACTO	OR INFORMATION	Ī		
111,	Name of Certified Lead.			•		
				Exp. Date: 08/31/20	025	
	Address of Certified Firm	<del>-</del>		Lxp. Duw		
	City: Pelahatchie	State:		Zin Code: 39145		
	•		<u>., .,</u>	sip oout		
IV.	INSPECTION INFORMATION Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Brian Wraight					
	Certification Number: PBR-00011222 Exp. Date: 07/21/2025 Date Inspection Conducted:					
	Test Method Used & Manufacturer of Testing Equipment:					
	For Paint Chip Analysis, Name of Laboratory: Certification Number:					
			Certific	ation (value).	<del></del>	
V.	GENERAL CONTRACTOR (Other)					
	Name of Firm: Windows USA Firm Mailing Address: PO Box 222 Royal, AR 71968					
				1 (501) 760,0202		
	Contact Person: Christine	vaikei	Telephone Nur	nber:( <sup>501</sup> )760-0292		
VI.	PROJECT DATES Lead Project Start: 04	/14 /2025	Lead Project Stop: C	<u>14 / 14 / 2025</u>		
	Abatement/Renovation to	be done during what ti	<u> </u>	5 p.m.) Evening (5 p.m. – 5 a.m.) Weekend	– 8 p.n	
VII.	DESCRIPTION OF PROCEDURES TO BE USED (CHECK ALL THAT APPLY)					
	Wet Sanding Containment Other – Explain	Component Removal Strip and Removal	Heat Gun Negative	Encapsulation Enclosure		

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

Retro Fit Pocket Replacement of Existing Windows with New Vinyl Windows

IX.	WASTE TRANSPORTER Name: Brian Wraight						
	Full Mailing Address: 121 David Henderson Rd						
			Zip Code: 39145				
	Contact: Brian Wraight	Telephone Number: (601) 850-7154					
X.	WASTE LEAD DISPOSAL SITE						
	Site Name: Mt. Helm Landrill						
	Physical Address: 495 Mt Helm Rd						
	Full Mailing Address: 495 Mt Helm Rd	^					
	City: Brandon		Zip Code: 39047				
XI.	DISPOSAL SITE FOR DEBRIS OTH	ER THAN LEAD					
	Site Name:						
	Physical Address:						
	Full Mailing Address:						
	City:	State:	Zip Code:				
	Contact Person:						
	NOTE: All debris (other than lead) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.						
AII.	ABATEMENT  A certified supervisor is required for each abaduring the post-abatement cleanup and clearabeing conducted, the certified supervisor shall able to be present at the work site in no more to the conduction of the certified supervisor shall able to be present at the work site in no more to the certified supervisor shall able to be present at the work site in no more to the certified supervisor shall able to be present at the work site in no more to the certified supervisor shall able to be present at the work site in no more to the certified supervisor shall able to be present at the work site in no more to the certified supervisor shall able to be present at the work site in no more to the certified supervisor shall able to be present at the work site in no more to the certified supervisor shall able to be present at the work site in no more to the certified supervisor shall able to be present at the work site in no more states.	nce of work areas. At all be onsite or available by	other times when abatement activities are				
XIII	RENOVATION						
	A certified renovator is required for each renovator performed. The certified renovator must regular available either onsite or by telephone at all time.	ainment is being establishe larly direct work being po	ed, and while required work area cleaning is erformed by other individuals and must be				
	I certify that all of the above information is co	rrect.	1.1				
	Print Brian Wraight S	ignature Brian	Wraight Date 4.1.25				
	Contact information for return mail or questions concerning the information on this Notice  Mailing Address: 121 David Henderson Rd						
	City: Pelahatchie	State: N	IS Zip Code: 39145				
	Contact: Brian Wraight	The state of the s	Number: (601) 850-7154				
	Email: brian.wraight@windowsusa.com						
Refe	er to fee schedule to calculate required notif	ication fee Notification	fee must be submitted with notification				
	IL TO: Mississippi Department of Environ		nest be submitted with notification.				
	Lead Notifications	•					

P.O. Box 2261, Jackson, MS 39225