208941

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



MDEQ U	se Only:	Postmark (mail only)	Date Received	AI Number		
Email	Mail Hand Delivery	- volume a (man only)	4/11/2025	WI MINIDEL		
Please ch	Type: Abatement eck all applicable boxes for heck if asbestos notificati	the type of Notification:	■Original □Revisio	ction: 1968 n Cancellation Emergen	icy	
I.	PROJECT/SITE INFORT Target Housing: Child-Occupied Facility:					
	Physical Address Project S		20040	1 P d-	<del></del>	
	City: Jackson		Zip Code: 39212 C	· · · · · · · · · · · · · · · · · · ·	<del></del>	
	Number of Units to be Abat	ed/Renovated in the Buildi	ng: Replacing 6 window	S		
II.	BUILDING OWNER IN	FORMATION				
	Mr./Mrs.: Broderick Love		11	NO 00040		
	Address of Owner: 1952 1e	akwood Dr Ci	ty: Jackson	State; MSZIP; 39212		
	Telephone Number: (601) 3	345-9111				
III.	ABATEMENT/RENOV	ATION CONTRACTO	R INFORMATION			
	Name of Certified Lead Abatement/Renovator Firm: Brian Wraight					
				0-7154 Exp. Date: 08/31/2	2025	
	Address of Certified Firm	_				
		State:		_ Zip Code: <u>39145</u>	<u>.</u>	
IV.	INSPECTION INFORM	IATION				
14.	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,			ition Number:		
₹7	<del>-</del>					
V.	Mame of Firm: Windows USA					
	Firm Mailing Address: PO Box 222 Royal, AR 71968					
	Contact Person: Christine			ber:(501)760-0292	<del></del>	
	Contact Person: Official	TTUINOI	reseptione Num	UCI.(=== <u>)</u>		
VI.	PROJECT DATES Lead Project Start: 05	<del></del>	Lead Project Stop: 05	_		
	Abatement/Renovation to	o be done during what tir	•	5 p.m.) Evening (5 p.m. - 5 a.m.) Weekend	. – 8 p.n	
VII.	DESCRIPTION OF PR	OCEDURES TO BE U	SED (CHECK ALL	THAT APPLY)		
4 11,	Wet Sanding [	Component Removal	Heat Gun	Encapsulation		
	Containment Other – Explain	Strip and Removal	Negative A			

## 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 Henders		7: 6 1 301/15					
	City: Pelahatchie Contact: Brian Wraight	State: NO	Zip Code: 39145					
		_ Telephone Number:	(001)000-7104					
X.	WASTE LEAD DISPOSAL SITE							
	Site Name: Mt. Helm Landrill							
	Physical Address: 495 Mt Helm Rd							
	Full Mailing Address: 495 Mt Helm Rd	THE PERSON NAMED IN THE PE						
	City: Brandon	State: MS	Zip Code: 39047					
XI.	I. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD							
	Site Name:							
	Physical Address:							
	Full Mailing Address:							
	City:	State:	Zip Code:					
	Contact Person:  NOTE: All debris (other than lead) should go	Telephone Number	:()					
	NOTE: All debris (other than lead) should go	to an authorized Rubbis	h 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	XIV. CERTIFICATION OF ACCURACY							
	Leartify that all of the above information is correct							
	Print Brian Wraight Si	gnature <b>DUM</b>	Wraight Date 4.11.25					
	Contact information for return mail or questions concerning the information on this Notice							
	Mailing Address: 121 David Henderson Rd							
	City: Pelahatchie	State: M						
	Contact: Brian Wraight	Telephone N	umber: (601) 850-7154					
	Email: brian.wraight@windowsusa.com							
Refe	er to fee schedule to calculate required notific	cation fee. Notification	fee must be submitted with notification.					

Lead Notifications

MAIL TO: Mississippi Department of Environmental Quality

P.O. Box 2261, Jackson, MS 39225