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



MDEQ L	Ise Only:	Postmark (m	ail only)	Date Received	Al Number]	
Email	Mail Hand D		our oury	4/28/2025	88365		
					1010		
Project	Type: Abatem	ent Renovatio	n Date of F	Building Construc	tion: 1910		
	heck all applicable be				Cancellation	Emergency	
r iease c	heck if asbestos no	unication was also	submitted for th	ns project:			
I.	PROJECT/SITE	INFORMATION					
	Target Housing: Child-Occupied Fac	ility:					
	-	roject Site. 254 DO	SWOOD ROAD				
	City: COLUMBUS State: MS Zip Code: 39705 County: LOWNDES						
	Number of Units to be Abated/Renovated in the Building: 5 WINDOWS AND 1 SLIDING DOOR						
П.							
11.	BUILDING OWNER INFORMATION Mr./Mrs.: CHRISTOPHER PRCTOR						
	Address of Owner: 2	254 DOGWOOD ROA	City: C	OLUMBUS	State: MS ZIP	. 39705	
	Telephone Number:	(734) 834-1425					
III.			NTD A CTOD II	NEODMATION			
111.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION Name of Certified Lead Abatement/Renovator Firm: WELSEY DA SILVA BRAGA						
	Firm Certification Number: PBR-00012689 Telephone Number: (662) 842-5201 Exp. Date: 12/10/2025						
		ed Firm: 4979 CLIFF		Number.(Exp. Da	.te	
		a riiii.			Zin Codo: 38801		
			State		Zip Code		
IV.	INSPECTION INFORMATION						
	Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Certification Number: Exp. Date: Date Inspection Conducted:						
	Test Method Used & Manufacturer of Testing Equipment: LEAD CHECK SWAB For Paint Chip Analysis, Name of Laboratory: Certification Number:						
	-	-	•	Continoat	ion ivamoer		
V.		TRACTOR (Other					
	Name of Firm: WINDOW WORLD TUPELO/COLUMBUS Firm Mailing Address: 4979 CLIFF GOOKIN BLVD, TUPELO, MS 38801						
	Firm Mailing Add	ress: 4979 CLIFF GO	JKIN BLVD, TOPE		662\ 842-5201		
	Contact Person: C	HRIS COLLINS	Section with the section of the sect	Telephone Number	er:(002)042-3201		
VI.	PROJECT DATE	ES 2 300	_		. 7 ,2025		
	Lead Project Start: 5 /2 /2025 Lead Project Stop: 5 /2 /2025 Abatement/Renovation to be done during what time? Day (5 a.m 5 p.m.) Evening (5 p.m 8 p.m.)						
	Abatement/Renova	ation to be done du	ring what time? [
			[Night (8 p.m. – :	5 a.m.) Weeke	end	
VII.	DESCRIPTION	OF PROCEDURE	S TO BE USED	(CHECK ALL T	THAT APPLY)		
	☐ Wet Sanding	Compone	nt Removal	Heat Gun	Encap	sulation	
	Containment Other - Explain	Strip and	Removal	Negative Air	Enclo	sure	

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

REMOVING 5 CONTAIN LEAD PAINT WINDOWS AND 1 SLIDING DOOR INSTALLING 5 WINDOWS VINYL WINDOWS AND 1 SLIDING DOOR

IX.	WASTE TRANSPORTER Name: WESLEY DA SILVA BRAGA							
	Full Mailing Address: 4979 CLIFF GOOKIN	N BLVD						
	City: TUPELO		Zip Code: 38801					
	Contact: CHRIS COLLINS	State _ Telephone Number	: (662) 842-5201					
X.	WASTE LEAD DISPOSAL SITE	_						
	Site Name: WINDOW WORLD OF TUPELO/COLUMBUS							
	Physical Address: 4979 CLIFF GOOKIN BLVD , TUPELO, MS 38801							
	Full Mailing Address: 4979 CLIFF GOOKIN BLVD							
	City: TUPELO		Zip Code: 38801					
XI.	DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD Site Name: WINDOW WORLD OF TUPELO/COLUMBUS							
	Physical Address: 4979 CLIFF GOOKIN BLVD, TUPELO,MS 38801							
	Full Mailing Address: 4979 CLIFF GOOKIN							
	City: TUPELO	State: MS	Zip Code: ³⁸⁸⁰¹					
	City: TUPELO Contact Person: CHRIS COLLINS NOTE: All debris (other than lead) should go	Telephone Numbe to an authorized Rubbi	er: (662) 842-5201 ish Site, or to a permitted sanitary landfill.					
	ABATEMENT							
	A certified supervisor is required for each abate during the post-abatement cleanup and clearand being conducted, the certified supervisor shall b able to be present at the work site in no more th	ce of work areas. At all e onsite or available by	other times when abatement activities are					
XIII	RENOVATION							
	A certified renovator is required for each renovare posted, while the required work area contain performed. The certified renovator must regula available either onsite or by telephone at all times.	nment is being establish arly direct work being p	ed, and while required work area cleaning is erformed by other individuals and must be					
XIV	CERTIFICATION OF ACCURACY							
	I certify that all of the above information is corr	ect.	11/20/175					
	Print Chris COUNTY Sig	gnature <u>(()</u>	M Date 4 28 25					
	Contact information for return mail or question Mailing Address: 4979 CLIFF GOOKIN BLV	nation on this Notice						
	City: TUPELO	State: N	/IS Zip Code: 38801					
	Contact: ASHLEY	Telephone N	Number: (662-) 842-5201					
	Email: ASHLEY@TUPELOWW.COM							
Refe	r to fee schedule to calculate required notific	ation fee. Notification	n fee must be submitted with notification.					

EMAIL TO: notifications@mdeq.ms.gov

MAIL COPY TO: Mississippi Department of Environmental Quality

P.O. Box 2261, Jackson, MS 39225

Lead Notifications