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



MDEQ U XEmail	se Only:	Hand Delivery	Postmark (mail only)	Date Received	Al Number		
<u> </u>	T TARSHE			5/13/2	025		
			Renovation Dat				
			the type of Notification			Emergency	
lease cl	heck if as	sbestos notification	on was also submitted	for this project:	ļ		
I.	PROJECT/SITE INFORMATION  Target Housing: Child-Occupied Facility:						
	Physical City: COL	Address Project S LUMBUS	ite: 111 POPICY STR	Zip Code: 39702	County: LOWNDES		
			ed/Renovated in the Build				
II.	BUILDING OWNER INFORMATION Mr./Mrs.: TAMMY BLUITT						
	Address	of Owner: 111 PC	POV STREET (	City: COLUMBUS	State: MS Z	P: 39702	
		e Number: (662) 8		_			
III.	ABATE	MENT/RENOV	ATION CONTRACT	OR INFORMATIO	N		
AAA	Name of Certified Lead Abatement/Renovator Firm: (NI Phillips GA						
	Firm Certification Number: PBV (10/11)5 (Felephone Number: (662) 842-5201 Exp. Date: 12/10/2025						
	Address	of Certified Firm	: 4979 CLIFF GOOKIN B	LVD			
	City: TU	PELO	State	. <u>MS</u>	Zip Code: 3880	1	
IV.	INSPEC	CTION INFORM	IATION				
2	Name of Renovator/Inspector/Risk Assessor Conducting Inspection:						
	Certifica	ation Number:	Exp. Dat	e:Date	Inspection Conduc	ted:	
	Test Method Used & Manufacturer of Testing Equipment: LEAD CHECK SWAB						
	For Pair	nt Chip Analysis,	Name of Laboratory:	Certif	fication Number:	e province and a second district the second	
$\mathbb{V}.$	GENERAL CONTRACTOR (Other)  Name of Firm: WINDOW WORLD TUPELO/COLUMBUS						
	Firm Mailing Address: 4979 CLIFF GOOKIN BLVD, TUPELO, MS 38801						
	Contact	Person: CHRIS C	OLLINS	Telephone N	umber:( <u><sup>662</sup>)</u> 842-520	1	
VI.		CCT DATES roject Start: 05	/ <u>\</u> \ <u>\</u> \ <u>\</u> /2025	Lead Project Stop:	05 / 15 / 2025		
	Abatem	ent/Renovation t	to be done during what		$-5$ p.m.) $\square$ Ever n. $-5$ a.m.) $\square$ Wee		
VII	. DESCF	RIPTION OF PR	OCEDURES TO BE	USED (CHECK A)	LL THAT APPLY)	)	
V AA	Wet Con	Sanding [ tainment ] er – Explain	Component Removal		n Enc	apsulation losure	

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

REMOVING 2 CONTAIN LEAD PAINT WINDOWS INSTALLING 2 WINDOWS VINYL WINDOWS

IX.	VASTE TRANSPORTER								
	Name COVEY Phillips								
	Full Mailing Address: 4979 CLIFF GOOKIN BLVD								
	City: TUPELO	State: MS	Zip Code: 38801						
	Contact: CHRIS COLLINS	Telephone Number:	(662) 842-5201						
X.	WASTE LEAD DISPOSAL SITE								
	Site Name: WINDOW WORLD OF TUPE								
	Site Name: WINDOW WORLD OF TUPELO/COLUMBUS Physical Address: 4979 CLIFF GOOKIN BLVD, TUPELO, MS 38801								
	Full Mailing Address: 4979 CLIFF GOO	OKIN BLVD							
		State: MS	Zip Code: 38801						
XI.	DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD Site Name: WINDOW WORLD OF TUPELO/COLUMBUS								
28.11.0									
	Physical Address: 4979 CLIFF GOOKIN	Physical Address: 4979 CLIFF GOOKIN BLVD, TUPELO,MS 38801							
	Full Mailing Address: 4979 CLIFF GOO	OKIN BLVD							
	City: TUPELO	State: MS	Zip Code: 38801						
	City: TUPELO  Contact Person: CHRIS COLLINS	Telephone Number	:: ( <u>662</u> ) <u>842-5201</u>						
	NOTE: All debris (other than lead) should go to an authorized Rubbish Site, or to a permitted sanitary land								
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.								
XII	XIII.RENOVATION								
	A certified renovator is required for each rare posted, while the required work area coperformed. The certified renovator must ravailable either onsite or by telephone at a	ontainment is being establishe egularly direct work being pe	e physically present when the required signs ed, and while required work area cleaning is erformed by other individuals and must be conducted.						
XI	V. CERTIFICATION OF ACCURAC	Y							
	I certify that all of the above information is	/ // _/	Date 5/10/25						
	Print Chris (ollins	Signature 2							
	Contact information for return mail or questions concerning the information on this Notice  Mailing Address: 4979 CLIFF GOOKIN BLVD								
	City: TUPELO	State: N	Number: (662-) 842-5201						
	Contact: ASHLEY	Telephone I	Number: (32) 312 323						
		Email: ASHLEY@TUPELOWW.COM							
Re	Refer to fee schedule to calculate required notification fee. Notification fee must be submitted with notification.								
IE.I	MAIL TO: notifications@mdeq.ms.gov	MAIL COPY TO: Mis	ssissippi Department of Environmental Quality						

**Lead Notifications** 

P.O. Box 2261, Jackson, MS 39225

EMAIL TO: notifications@mdeq.ms.gov