

Mississippi Office of Pollution Control

Lead-Based Paint Abatement/Renovation Notification



MDEQ Use Only: <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 6/23/2025	AI Number
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Project Type: ☐ Abatement ☒ Renovation **Date of Building Construction:** 1953
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: 26 COUNTRY CLUB DRIVE
City: LAUREL **State:** MS **Zip Code:** 39440 **County:** JONES
Number of Units to be Abated/Renovated in the Building: 1 (ONE)

II. BUILDING OWNER INFORMATION

Mr./Mrs.: MR. DAVID BENDER AND MS. MELANIE BENDER
Address of Owner: SAME **City:** SAME **State:** **ZIP:** **Telephone Number:** (601) 264-7114

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:** 2/28/2026
Address of Certified Firm: 788 RICHBURG RD
City: HATTIESBURG **State:** MS **Zip Code:** 39402

IV. INSPECTION INFORMATION

Name of Renovator/Inspector/Risk Assessor Conducting Inspection: DAVE BINGHAM
Certification Number: PBI-00003690 **Exp. Date:** 3/31/2026 **Date Inspection Conducted:** 5/27/2025
Test Method Used & Manufacturer of Testing Equipment: NIGHTONEXLP300A
For Paint Chip Analysis, Name of Laboratory: MICROMETHODS LAB **Certification Number:** PBF0000028

V. GENERAL CONTRACTOR (Other)

Name of Firm: NORMAN CONSTRUCTION
Firm Mailing Address: PO BOX 15399 HATTIESBURG MS 39404
Contact Person: DESHAWN SMITH **Telephone Number:** (601) 264-7114

VI. PROJECT DATES

Lead Project Start: 7 / 31 / 2025 **Lead Project Stop:** 9 / 10 / 2025
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)

REMOVE FRONT DOOR, PAINT WINDOWS

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 RD

Full Mailing Address: _____

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 DESHAWN SMITH Signature  Date 6/23/2025

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: DESHAWN SMITH 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

MAIL COPY TO: Mississippi Department of Environmental Quality
Lead Notifications
P.O. Box 2261, Jackson, MS 39225