

Mississippi Office of Pollution Control

Lead-Based Paint Abatement/Renovation Notification



MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received	AI Number
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Project Type: ☐ Abatement ☐ Renovation **Date of Building Construction:** _____

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: _____

City: _____ State: _____ Zip Code: _____ County: _____

Number of Units to be Abated/Renovated in the Building: _____

II. BUILDING OWNER INFORMATION

Mr./Mrs.: _____

Address of Owner: _____ City: _____ State: _____ ZIP: _____

Telephone Number: (____) _____

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: _____

Firm Certification Number: _____ Telephone Number: (____) _____ Exp. Date: _____

Address of Certified Firm: _____

City: _____ 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: _____

For Paint Chip Analysis, Name of Laboratory: _____ Certification Number: _____

V. GENERAL CONTRACTOR (Other)

Name of Firm: _____

Firm Mailing Address: _____

Contact Person: _____ Telephone Number: (____) _____

VI. PROJECT DATES

Lead Project Start: ____/____/____ Lead Project Stop: ____/____/____

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 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)

IX. WASTE TRANSPORTER

Name: _____

Full Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Telephone Number: (____) _____

X. WASTE LEAD DISPOSAL SITE

Site Name: _____

Physical Address: _____

Full Mailing Address: _____

City: _____ State: _____ Zip Code: _____

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name: _____

Physical Address: _____

Full Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ 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 _____ Signature _____ Date _____

Contact information for return mail or questions concerning the information on this Notice

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Telephone Number: (____) _____

Email: _____

Refer to fee schedule to calculate required notification fee. Notification fee must be submitted with notification.

EMAIL TO: notifications@mdeq.ms.gov If requested by staff, send to: **MDEQ Asbestos and Lead Branch**
515 E. Amite Street
Jackson, MS 39201