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

MDC Use Only: ☑ Email ☐ Mail ☐ Hand Delivery
Postmark (mail only) Date Received 4/28/2022
AI Number

Project Type: ☐ Abatement ☐ Renovation Date of Building Construction: 1975
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: 6289 Springridge Rd
City: Raymond State: MS Zip Code: 39154 County: Hinds
Number of Units to be Abated/Renovated in the Building: 15

II. BUILDING OWNER INFORMATION
Mr./Mrs.: Charles or Deborah Bracey
Address of Owner: 3289 Springridge Rd City: Raymond State: MS ZIP: 39154
Telephone Number: (601) 613-1103

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION
Name of Certified Lead Abatement/Renovator Firm: Gary Ogle
Firm Certification Number: PBR-00010175 Telephone Number: (601) 862-8033 Exp. Date: 07/06/2022
Address of Certified Firm: 126 Cape Charles
City: Brandon State: MS Zip Code: 39047

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: Windows USA
Firm Mailing Address: PO Box 222 Royal, AR 71968
Contact Person: Mia Walsh Telephone Number: (601) 760-0309

VI. PROJECT DATES
Lead Project Start: 05/11/2022 Lead Project Stop: 05/13/2022
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)
☐ Wet Sanding ☐ Component Removal ☐ Heat Gun ☐ Encapsulation
☐ Containment ☐ Strip and Removal ☐ Negative Air ☐ Enclosure
☐ Other - Explain

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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: Gary Ogle
Full Mailing Address: 126 Cape Charles
City: Brandon State: MS Zip Code: 39047
Contact: Gary Ogle Telephone Number: (601) 862-8033

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: Gary Ogle Signature: Gary Ogle Date: 04/28/2022

Contact information for return mail or questions concerning the information on this Notice
Mailing Address: 126 Cape Charles
City: Brandon State: MS Zip Code: 39047
Contact: Gary Ogle Telephone Number: (601) 862-8033
Email: garyogle@windowsusa.com

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

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

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