### PROJECT/SITE INFORMATION

- **Target Housing:**
- **Child-Occupied Facility:**
- **Physical Address Project Site:** 4608 N State St
- **City:** Jackson  
  **State:** MS  
  **Zip Code:** 39206  
  **County:** Hinds
- **Number of Units to be Abated/Renovated in the Building:** 11

### BUILDING OWNER INFORMATION

- **Mr./Mrs.:** Henry Davis
- **Address of Owner:** 4608 N State St  
  **City:** Jackson  
  **State:** MS  
  **ZIP:** 39206
- **Telephone Number:** (601) 291-3606

### ABATEMENT/RENOVATION CONTRACTOR INFORMATION

- **Name of Certified Lead Abatement/Renovator Firm:** Gary Ogle
- **Firm Certification Number:** PBR-00010175  
  **Telephone Number:** (601) 662-8033  
  **Exp. Date:** 07/06/2022
- **Address of Certified Firm:** 126 Cape Charles  
  **City:** Brandon  
  **State:** MS  
  **Zip Code:** 39047

### 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:**

### GENERAL CONTRACTOR (Other)

- **Name of Firm:** Windows USA
- **Firm Mailing Address:** PO Box 222  
  **Royal, AR 71968**
- **Contact Person:** Mia Walsh  
  **Telephone Number:** (501) 760-0309

### PROJECT DATES

- **Lead Project Start:** 06/15/2022  
  **Lead Project Stop:** 06/16/2022
- **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

### 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
VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE AFFECTED)
Retrofit 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: 06/08/2022

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: gary.ogle@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