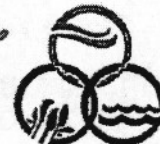


job-193736



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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 9.20.22	AI Number
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Project Type: ☐ Abatement ☒ Renovation Date of Building Construction: 1900
 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: 629 29th Ave
 City: Meridian State: MS Zip Code: 39301 County: Lauderdale
 Number of Units to be Abated/Renovated in the Building: 16

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Arlene or Mary Campbell
 Address of Owner: 629 29th Ave City: Meridian State: MS ZIP: 39301
 Telephone Number: (601) 678-6447

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: John Tew
 Firm Certification Number: PBR-00010112 Telephone Number: (334) 378-9231 Exp. Date: 08/02/2023
 Address of Certified Firm: 30 Triangle Dr
 City: Laurel State: MS Zip Code: 39443

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: (501) 760-0309

VI. PROJECT DATES

Lead Project Start: 09 / 22 / 2022 Lead Project Stop: 09 / 24 / 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

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: John Tew

Full Mailing Address: 30 Triangle Dr

City: Laurel State: MS Zip Code: 39443

Contact: John Tew Telephone Number: (334) 378-9231

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 John Tew

Signature John Tew

Date 09/20/2022

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

Mailing Address: 30 Triangle Dr

City: Laurel State: MS Zip Code: 39443

Contact: John Tew Telephone Number: (334) 378-9231

Email: john.tew@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