204633

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



MDEQ U ⊠Email		☐Hand Delivery	Postmark (mail only)		Date Received 06-28-2023		amber	
Project '	Туре:	Abatement	Renovation	Date of	Building Const	ruction: 19	68	
	_	_	the type of Notifica on was also submit		_	-	ellation Emergency	
I.	PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility:							
	Physical Address Project Site: 3939 Warner Ave City: Jackson State: MS Zip Code: 39213 County: Hinds							
	City: Jack	kson	State: MS	Zip	Code: 39213	_County: Hin	ds	
	Number o	of Units to be Abate	ed/Renovated in the I	Building:	Replacing 6 winder	ows		
II.	BUILDING OWNER INFORMATION							
	Mr./Mrs.: Donald or Mary Cousar							
	Address of	of Owner: 3939 Wa	rner Ave	City:	Jackson	State: M	S ZIP: 39213	
	Telephone Number: (708) 243-5060							
III.	ARATE	MENT/RENOV	ATION CONTRA	CTOR	INFORMATIO	N		
111.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION Name of Certified Lead Abatement/Renovator Firm: Danny McGlawn							
							Exp. Date: 05/03/2024	
			1020 Betigheimer F	_	ic rvamber.()		_ Lxp. Date	
	City: Ed		S		-	7in Co	a. 39066	
	,			. <u></u>	-	Zip Coo		
IV.	INSPECTION INFORMATION Nome of Paragraphy Agreement Conducting Inspection:							
	Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Date Inspection Conducted:							
	Certification Number: Exp. Date: Date Inspection Conducted: Test Method Used & Manufacturer of Testing Equipment:							
	For Paint Chip Analysis, Name of Laboratory: Certification Number:							
	For Pain	t Chip Analysis, I	Name of Laboratory	/:	Cenii	ication Num	lber:	
V.	GENERAL CONTRACTOR (Other)							
	Name of Firm: Windows USA							
	Firm Mailing Address: PO Box 222, Royal, AR 71968							
	Contact	Person: Christine \	Walker		Telephone Nu	mber:(501)	760-0292	
VI.		CT DATES oject Start: 07	/05 /2023	Le	ad Project Stop:	07 / 05	/2023	
	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.	DESCR	IPTION OF PRO	OCEDURES TO E	BE USE	D (CHECK AL	L THAT A	PPLY)	
	☐ Wet ☐ Cont	Sanding [ainment r – Explain	Component Removed Strip and Remove	oval	Heat Gur	n	Encapsulation Enclosure	

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: Danny McGlawn									
	Full Mailing Address: 1020 Betigheimer Rd City: Edwards State: MS Zip Code: 39066									
	City: Edwards	State: IVIS	Zip Code: 35000							
	Contact: Danny McGlawn Telephone Number: (601) 624-8131									
	WASTE LEAD DISPOSAL SITE									
	Site Name: Canton Sanitary Landfill									
	Physical Address: 303 Soldiers Colony Rd									
	Full Mailing Address:									
	City: Canton	State: MS	Zip Code: 39046							
	DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD									
	Site Name:									
	Physical Address: Full Mailing Address:									
	-									
	City: State: Zip Code: Contact Person: Telephone Number: ()									
	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 renovate posted, while the required work area cont performed. The certified renovator must regravailable either onsite or by telephone at all times.	ainment is being established ularly direct work being pe	d, and while required work area cleaning is rformed by other individuals and must be							
XIV	CERTIFICATION OF ACCURACY									
	I certify that all of the above information is correct.									
	Print Danny McGlawn	Signature Danny	McGlawpate 6/28/23							
	Contact information for return mail or questions concerning the information on this Notice									
	Mailing Address: 1020 Betigheimer Rd									
	City: Edwards	State: M								
	Contact: Danny McGlawn		_ Telephone Number: (601)624-9131							
	Email: danny.mcglawn@windowsusa.co	om								
Refe	r to fee schedule to calculate required notif		fee must be submitted with notificati							

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Lead Notifications

MAIL TO: Mississippi Department of Environmental Quality

P.O. Box 2261, Jackson, MS 39225