



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 07-14-2023	AI Number
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Project Type: Abatement Renovation Date of Building Construction: 1970
 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: 408 Sunflower Rd

City: Perkinston State: MS Zip Code: 39573 County: Stone

Number of Units to be Abated/Renovated in the Building: replacing 10 windows

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Timothy and Cynthia Monroe

Address of Owner: 408 Sunflower Rd City: Perkinston State: MS ZIP: 39573

Telephone Number: (601) 528-4972

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: Christine Walker Telephone Number: (501) 760-0292

VI. PROJECT DATES

Lead Project Start: 07 / 21 / 2023

Lead Project Stop: 07 / 21 / 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. 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: Republic Services Little Dixie Landfill
Physical Address: 1716 N County Line Rd
Full Mailing Address: _____
City: Ridgeland State: MS Zip Code: 39157

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 7/14/23

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