

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

205911



MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 8.4.2023	AI Number
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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: 305 Montgomery St
 City: Brookhaven State: MS Zip Code: 39601 County: Lincoln
 Number of Units to be Abated/Renovated in the Building: replacing 13 windows

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Robert or Hazel Kenny
 Address of Owner: 305 Montgomery St City: Brookhaven State: MS ZIP: 39601
 Telephone Number: (601) 695-1516

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: 03/28/2024
 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: Christine Walker Telephone Number: (501) 760-0292

VI. PROJECT DATES

Lead Project Start: 08 / 09 / 2023 Lead Project Stop: 08 / 09 / 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)

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Wet Sanding | <input type="checkbox"/> Component Removal | <input type="checkbox"/> Heat Gun | <input type="checkbox"/> Encapsulation |
| <input checked="" type="checkbox"/> Containment | <input type="checkbox"/> Strip and Removal | <input type="checkbox"/> Negative Air | <input type="checkbox"/> Enclosure |
| <input type="checkbox"/> 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: 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: Canton Sanitary Landfill
Physical Address: 303 Soldiers Colony Road
Full Mailing Address: _____
City: Canton State: MS Zip Code: 39046

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 8/4/23

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.

EMAIL TO: notifications@mdeq.ms.gov

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