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



MDEQ U	se Only: ☐Mail	Hand Delivery	Postmark (mail o	nly)	9/16/2024	AI Number				
Please ch	eck all ap	plicable boxes i		fication: 🔳	Building Constru Original Revision this project:		Emergency			
	PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility:									
	Physical Address Project Site: 2144 Carter Lane									
	City: Magnolia State: MS Zip Code: 39652 County: Amite Number of Units to be Abated/Renovated in the Building: Replacing 8 windows									
	Number o	I Units to be At	ated/Renovated in t	he Building:	replacing 0 windows					
	BUILDING OWNER INFORMATION									
		Myrtis Lee	0-4-1		B.4					
	Address o	f Owner: 2144	Jaπer Lane	City:_	Magnolia	_ State: MS ZI	P: 39652			
	Address of Owner: 2144 Carter Lane City: Magnolia State: MS ZIP: 39652 Telephone Number: (601) 542-3447									
	ABATEMENT/RENOVATION CONTRACTOR INFORMATION									
	Name of Certified Lead Abatement/Renovator Firm: Cameron Ekes									
	Firm Certification Number: PBR-00012157 Telephone Number: (601) 470-5742 Exp. Date: 06/04/2025									
	Address of Certified Firm: 33 Dick Sumrall Road									
	City: Lau	rel		_ State: MS		_ Zip Code: <u>3944</u>	3			
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:									
4	For Paint Chip Analysis, Name of Laboratory: Certification Number:									
			0							
*•	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									
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VI.	Lead Pro	CT DATES ject Start: 09	/19 /2024	•	ad Project Stop: 09		-			
	Abatement/Renovation to be done during what time? Day (5 a.m 5 p.m.) Evening (5 p.m 8 p									
					☐Night (8 p.m. –	-5 a.m.) ∐Week	end			
VII.	DESCRI	PTION OF P	ROCEDURES T	O BE USE	D (CHECK ALL	THAT APPLY)				
		Sanding sinment	Component R		Heat Gun Negative A		psulation osure			
	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 Winodws

IX.	WASTE TRANSPORTER											
	ame: Cameron Ekes											
	Full Mailing Address: 33 Dick Sumrall Road City: Laurel State: MS Zip Code: 39443											
	City: Laurei	State: IVIS	Zip Co	ode: 39443								
	Contact: Cameron Ekes	Telephone Number:	(001)470	-5742								
X.	WASTE LEAD DISPOSAL SITE											
	Site Name: The Faircloth Rubbish Landfill											
	Physical Address: 1312 Springridge Road											
	Full Mailing Address:											
	City: Clinton	State: MS	Zip Co	ode:								
XI.	DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD											
241.	Site Name:											
	Physical Address:											
	Full Mailing Address:											
	City:	State:	Zip C	ode:								
	Contact Person: NOTE: All debris (other than lead) should a	Telephone Numbe	er: ()_									
	NOTE: All debris (other than lead) should a	go to an authorized Rubbi	ish Site, or t	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.											
XII	I.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 c	orrect.	6	0/11/24	1							
	Print Cameron Ekes Signature Ameron Elles Date 9/16/2											
	Contact information for return mail or questions concerning the information on this Notice											
	Mailing Address: 33 Dick Sumrall Road City: Laurel State: MS Zip Code: 39443											
	Campron Ekes	State:_	Number: (601 ₎ 470-5742	-							
	Contact: Cameron Ekes	Number. (),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-								
	Email: Cameron.ekes@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