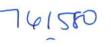
Mississippi Office of Pollution Control Lead-Based Paint Abatement/Renovation Notification





| Emai | il Mail Hand Delivery | rostmark (man on | у) | Date Received | AI Numb | er |
|--------------------------------|---|------------------------------------|-----------------|--------------------------------------|-------------------------|--------------------------|
| raiact | Type: Abstancet | D | D / 6 | 3/13/202 | | |
| lease c | Type: Abatement heck all applicable boxes for | the type of Notific | Date of cation: | Building Construct Original Revision | Cancellat | tion Frances |
| lease o | check if asbestos notification | on was also subn | nitted for | this project: | | nonEmergency |
| I. | PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility: Physical Address Project Site: 30 James Brown Ave | | | | | |
| | | | | | | |
| | | | | | | |
| | Number of Units to be Abate | | | | | |
| II. BUILDING OWNER INFORMATION | | | | | | |
| | Mr./Mrs.: Pamela Lewis | - D D | | 1.7.1 | | |
| | Address of Owner: 30 James Brown Dr City: Natchez State: MS ZIP: 31 | | | | _ _{ZIP:} 39120 | |
| ware. | Telephone Number: (601)443-3642 | | | | | |
| III. | 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: | | | e Number:(601)470 | -5/42 Ex | p. Date: 06/04/2025 |
| | 1 in 1975 | oo Blok Guillian | | ~ 8 | Zin Code: 3 | 9443 |
| 137 | City: Laurel State: MS Zip Code: 39443 INSPECTION INFORMATION | | | | | |
| ıv. | Name of Renovator/Inspector/Risk Assessor Conducting Inspection: | | | | | |
| | Certification Number: | | | | | |
| | Test Method Used & Manufacturer of Testing Equipment: | | | | | |
| | For Paint Chip Analysis, N | ame of Laborator | ry: | Certification | on 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 | | | | | |
| | | valker | | _ Telephone Number | r:(501)/60- | .0292 |
| VI. | | 24 /2025 | Lea | d Project Stop: 03 | /24 /20 | 25 |
| | Abatement/Renovation to | oe done during w | hat time? | <u></u> | | vening (5 p.m. – 8 p. |
| | | | | Night (8 p.m 5) | a.m.) UW | reekend |
| VII. | DESCRIPTION OF PROCEDURES TO BE USED (CHECK ALL THAT APPLY) | | | | | |
| | Wet Sanding Containment Other – Explain | Component Remov Strip and Remov | | Heat Gun Negative Air | | ncapsulation nclosure |

VIII.DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE AFFECTED)

Like for Like Window Replacement

| IX. | WASTE TRANSPORTER Name: Cameron Ekes | | | | | | |
|------|---|---|--|--|--|--|--|
| | Full Mailing Address: 33 Dick Sumrall Road | | | | | | |
| | City: Laurel | | Zin Code: 39443 | | | | |
| | Contact: Cameron Ekes | Telephone Number | : (⁶⁰¹)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 Code: | | | | |
| XI. | DISPOSAL SITE FOR DEBRIS OTHE | | | | | | |
| | Site Name: | | | | | | |
| | Physical Address: | | | | | | |
| | Full Mailing Address: | | | | | | |
| | City: | | | | | | |
| | Contact Person: | Telephone Number | r: () | | | | |
| | 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 renovator posted, while the required work area contain performed. The certified renovator must regula available either onsite or by telephone at all times. | inment is being establishe arly 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 cor- | rect. | C = I | | | | |
| | Print Cameron Ekes Sig | gnature WWW | Date 03/13/2025 | | | | |
| | Contact information for return mail or questions concerning the information on this Notice | | | | | | |
| | Mailing Address: 33 Dick Sumrall Road | | | | | | |
| | City: Laurel | State: M | | | | | |
| | Contact: Cameron Ekes | | Tumber: (601)470-5742 | | | | |
| | Email: Cameron.ekes@windowsusa.c | om | | | | | |
| Refe | r to fee schedule to calculate required notific | cation fee. Notification | fee must be submitted with notification. | | | | |
| | L TO: Mississippi Department of Environ | | | | | | |
| | Lead Notifications | | | | | | |

P.O. Box 2261, Jackson, MS 39225