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AI Number	

	Mail Hand Delivery	ostmark (man omy)	3/14/2025	Al Number		
	Type: Abatement R					
	neck all applicable boxes for the heck if asbestos notification			Cancellation Emergence	y	
I.	PROJECT/SITE INFORM Target Housing: Child-Occupied Facility:					
	Physical Address Project Site: 5408 31st Pl City: Meridian State: MS Zip Code: 39305 County: Lauderdale					
	City: Meridian State: MS Zip Code: 39305 County: Lauderdale Number of Units to be Abated/Renovated in the Building: Replacing 20 windows					
**			g			
II.	BUILDING OWNER INFO Mr./Mrs.: Byron Lewis	JRMATION				
	Address of Owner: 5408 31st	PI Cit	_{y:} Meridian	State: MS ZIP: 39305		
	Telephone Number: (630)414-3336					
III.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION					
	Name of Certified Lead Ab					
	Firm Certification Number: PBR-00012157 Telephone Number: (601) 470-5742 Exp. Date: 06/04/2025					
	Address of Certified Firm: 33 Dick Sumrall Road					
	City: Laurel	State: N	18	Zip Code: 39443		
IV.	INSPECTION INFORMAT Name of Renovator/Inspect					
	Certification Number: Exp. Date: Date Inspection Conducted: Test Method Used & Manufacturer of Testing Equipment:					
For Paint Chip Analysis, Name of Laboratory: Certifi						
v.	GENERAL CONTRACTO					
	Name of Firm: Windows USA					
	Firm Mailing Address: PO Box 222 Royal, AR 71968					
	Contact Person: Christine W	alker	Telephone Numb	er:(501)760-0292	_	
VI.	PROJECT DATES Lead Project Start: 04 /0	2 /2025	Lead Project Stop: 04	/03 /2025		
	Abatement/Renovation to be	e done during what tim	ne? ■Day (5 a.m. – 5 □Night (8 p.m. –		- 8 p	
VII.	DESCRIPTION OF PROC	CEDURES TO BE US	SED (CHECK ALL	ΓHAT APPLY)		
	☐ Wet Sanding ☐ 0	Component Removal Strip and Removal	☐ Heat Gun ☐ Negative Ai	Encapsulation		

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	State: MS	Zip Code: 39	9443				
	City: Laurel Contact: Cameron Ekes	Telephone Number: (601 ₎ 470-5742					
X.	WASTE LEAD DISPOSAL SITE							
	Site Name: The Faircloth Rubbish La	andfill						
	Physical Address: 1312 Springridge	Road						
	Full Mailing Address: City: Clinton	State: MS	_ Zip Code:					
XI.	DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD							
2.001	Site Name:							
	Physical Address:							
	Full Mailing Address:							
	City:	State:	_ Zip Code:					
	Contact Person: NOTE: All debris (other than lead) should	Telephone Number:	()					
	NOTE: All debris (other than lead) should	d go to an authorized Rubbish	Site, or to a per	milled samilary landiiii.				
	A certified supervisor is required for each a during the post-abatement cleanup and clea being conducted, the certified supervisor sh able to be present at the work site in no more	arance of work areas. At all ot all be onsite or available by tel	her times when a	batement activities are				
XIII	RENOVATION							
	A certified renovator is required for each reare posted, while the required work area coperformed. The certified renovator must reavailable either onsite or by telephone at all	ontainment is being established egularly direct work being per	, and while requi formed by other i	red work area cleaning is				
XIV	CERTIFICATION OF ACCURACY	Y						
	I certify that all of the above information is Print Cameron Ekes	correct. Signature	n akes	Date 03/14/2025				
	Contact information for return mail or questions concerning the information on this Notice							
	Mailing Address: 33 Dick Sumrall Ro	oad		20112				
	City: Laurel	State: MS	Zip	Code: 39443				
	Contact: Cameron Ekes	Telephone Nu	ımber: (<u>601</u>) <u>4</u>	70-5742				
	Email: Cameron.ekes@windowsus							
Refe	er to fee schedule to calculate required no	otification fee. Notification f	ee must be subi	nitted with notification.				
MA	IL TO: Mississippi Department of Envi	ironmental Quality						
	Lead Notifications P.O. Box 2261, Jackson, MS 39	225						
	I .O. DOL MUI, ORCHOOM, IND							