REV

208618

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



MDEQ U	se Only:	Postmark (mail or	ıly)	Date Received	Al Number	
Email	Mail Hand De	elivery		6/25/2025	88715	
Project '	Type: Abateme	ent Renovation	Date of	Building Construction	on: 1975	
Please ch	eck all applicable bo	oxes for the type of Notif	fication:	Original Revision	Cancellation Emergency	
		tification was also sub				
I.	PROJECT/SITE	INFORMATION				
•	Target Housing: Child-Occupied Facility:					
	Physical Address Project Site: 6550 Yorkshire Road					
	City: Horn Lake	State: MS	Zip	Code: 38637 Cour	nty: DeSoto	
	Number of Units to b	be Abated/Renovated in the	he Building:	replacing 8 windows		
II.		ER INFORMATION				
11.	Mr./Mrs.: Jerry Clayton					
	Address of Owner: 6		City:	Horn Lake	State: MS ZIP: 38637	
	Telephone Number:					
TTT			DACTOR	INFODMATION		
III.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION Not of Contract of Abatamant/Department Kory Brown Windows					
	Name of Certified Lead Abatement/Renovator Firm: Kory Brown Windows Firm Certification Number: NBF-0000926 Telephone Number: (501) 617-6831 Exp. Date: 08/25/2025					
	Firm Certification Number: NBF-00000926 Telephone Number: (501) 617-6831 Exp. Date: 08/25/2025 Address of Certified Firm: 6380 White Hawk Lane					
					V- 0-1-38654	
	City: Olive Branch		_ State: Wo	Z	cip Code: 00004	
IV.	INSPECTION INFORMATION					
	Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Kory Brown					
	Certification Number: PBR-00011153 Exp. Date: 08/25/2025 Date Inspection Conducted:					
	Test Method Used & Manufacturer of Testing Equipment:					
	For Paint Chip Analysis, Name of Laboratory: Certification Number:					
V.		TRACTOR (Other)				
	Name of Firm: Windows USA					
	Firm Mailing Address: PO Box 222 Royal, AR 71968					
	Contact Person: Ch	ristine Walker		_ Telephone Number	:(⁵⁰¹) ⁷⁶⁰⁻⁰²⁹²	
VI.	PROJECT DATE					
VI.	Lead Project Start:	07 /22 /2025		ad Project Stop: 07		
	Abatement/Renova	tion to be done during	what time?		m.) \square Evening (5 p.m. – 8 p.m.	
				\square Night (8 p.m. – 5	a.m.) Weekend	
VII.	DESCRIPTION C	OF PROCEDURES TO	O BE USE	O (CHECK ALL TH	IAT APPLY)	
	☐ Wet Sanding	Component R		Heat Gun	Encapsulation	
	Containment Other – Explain	Strip and Rem		☐ Negative Air	Enclosure	

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: Kory Brown						
	Full Mailing Address: 229 Hunter Dr						
	City: Hot Springs	State: AR	Zip Code: 71913				
	Contact: Kory Brown Telephone Number: (501) 617-6831						
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 OTHI						
Z X I •	Site Name:						
	Physical Address						
	Physical Address:						
	Full Mailing Address:City:						
	Contact Person:	Talanhana Numban	_ Zip Code				
	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 abat during the post-abatement cleanup and clearan being conducted, the certified supervisor shall if able to be present at the work site in no more the	ice of work areas. At all ot be onsite or available by tel	her times when abatement activities are				
XIII	.RENOVATION						
	A certified renovator is required for each renovare posted, while the required work area containerformed. The certified renovator must regulavailable either onsite or by telephone at all times.	inment is being established larly direct work being per	, and while required work area cleaning is formed by other individuals and must be				
XIV	CERTIFICATION OF ACCURACY						
	I certify that all of the above information is correct.						
	Print Kory Brown Signature	gnature Ory C	Brown Date 06/25/2025				
	Contact information for return mail or questions concerning the information on this Notice						
	Mailing Address: 229 Hunter Dr						
	City: Hot Springs	State: AR	Zip Code: 71913				
	Contact: Kory Brown		imber: (501)617-6831				
	Email: kory.brown@windowsusa.com	•					
Dof-	w to fee cahadula to soloulate						
KEIC	r to fee schedule to calculate required notific	cation tee. Notification fo	ee must be submitted with notification.				

Lead Notifications

MAIL TO: Mississippi Department of Environmental Quality

P.O. Box 2261, Jackson, MS 39225