



# Mississippi Office of Pollution Control

## Lead-Based Paint Abatement/Renovation Notification

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	<b>Postmark (mail only)</b>	<b>Date Received</b> 02-23-2024	<b>AI Number</b>
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**Project Type:** ☐ Abatement ☒ Renovation **Date of Building Construction:** 1970  
**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:** 1343 US 61 South

City: Natchez State: MS Zip Code: 39120 County: Adams

Number of Units to be Abated/Renovated in the Building: Replacing 8 windows

### II. BUILDING OWNER INFORMATION

Mr./Mrs.: Debbie Sullivan

Address of Owner: 1343 US 61 South City: Natchez State: MS ZIP: 39120

Telephone Number: (601) 334-8702

### III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

**Name of Certified Lead Abatement/Renovator Firm:** Daniel Davis

Firm Certification Number: PBR-00011354 Telephone Number: (601) 344-8240 Exp. Date: 06/04/2024

Address of Certified Firm: 6 Hickory Spur

City: Laurel State: MS Zip Code: 39443

### 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: 03 / 01 / 2024 Lead Project Stop: 03 / 01 / 2024

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)

☐ Wet Sanding ☐ Component Removal ☐ Heat Gun ☐ Encapsulation  
☒ Containment ☐ Strip and Removal ☐ Negative Air ☐ Enclosure  
☐ 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: Daniel Davis

Full Mailing Address: 6 Hickory Spur

City: Laurel State: MS Zip Code: 39443

Contact: Daniel Davis Telephone Number: (601) 344-8240

**X. WASTE LEAD DISPOSAL SITE**

Site Name: Canton Sanitary Landfill

Physical Address: 303 Soldiers Colony Rd

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 Daniel Davis

Signature Daniel Davis Date 02/23/2024

Contact information for return mail or questions concerning the information on this Notice

Mailing Address: 6 Hickory Spur

City: Laurel State: MS Zip Code: 39443

Contact: Daniel Davis Telephone Number: (601) 344-8240

Email: daniel.davis@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