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





| Emai | il Mail Hand Delivery | Postmark (mail only) | Date Received | Al Number | | |
|----------|--|---|---|-----------------------------------|--|--|
| A | Hand Denvery | | 8/10/2024 | | | |
| Please c | Type: Abatement heck all applicable boxes for check if asbestos notification | the type of Notification: | Building Constructio Original □Revision □ this project: □ | n: 1940 Cancellation Emergency | | |
| I. | PROJECT/SITE INFOR Target Housing: Child-Occupied Facility: | MATION | , , , , | | | |
| | | State: MS Zip C | | y:Warren | | |
| II. | BUILDING OWNER INI Mr./Mrs.: Michael Crawley | | epiacing 6 windows | | | |
| | Address of Owner: 135 Ros Telephone Number: (601)21 | | ricksburg Sta | ate: MS ZIP: 39180 | | |
| III. | Name of Certified Lead A Firm Certification Number Address of Certified Firm: | batement/Renovator Firm PBR-00010175 Telephone | n: Gary Ogle | 33 Exp. Date: 12/19/2024 | | |
| | | | Ziŗ | Code: 39047 | | |
| IV. | INSPECTION INFORMATION Name of Renovator/Inspector/Risk Assessor Conducting Inspection: | | | | | |
| | Certification Number: Test Method Used & Manu For Paint Chip Analysis No | facturer of Testing Equipme | ent: | | | |
| V. | For Paint Chip Analysis, Na GENERAL CONTRACTON Name of Firm: Windows US Firm Mailing Address: POE | OR (Other) A | Certification | Number: | | |
| | Contact Person: Christine Wa | alker | Telephone Number:(5 | ⁶⁰¹) 760-0292 | | |
| | PROJECT DATES Lead Project Start: 08 /2 | 22 /2024 Lead | Project Stop: 08 /2 | 22 /2024 | | |
| | Abatement/Renovation to b | | ■Day (5 a.m. – 5 p.m. Night (8 p.m. – 5 a.n | | | |
| VII. | DESCRIPTION OF PRO | CEDURES TO BE USED | (CHECK ALL THA | T APPLY) | | |
| | Wet Sanding | Component Removal Strip and Removal | ☐ Heat Gun ☐ Negative Air | ☐ Encapsulation ☐ 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

| | WASTE TRANSPORTER | | | | | | |
|------|---|--|--|--|--|--|--|
| | Name: Gary Ogle Full Mailing Address: 126 Cape Charles | | | | | | |
| | 1 2000000000000000000000000000000000000 | | 7: 0 . 20047 | | | | |
| | Contact: Gary Ogle | State: NO | Zip Code: 39047 | | | | |
| v | | retephone Number | ()652 6666 | | | | |
| X. | WASTE LEAD DISPOSAL SITE Site Name: Canton Sanitary Landfill | | | | | | |
| | Physical Address: 303 Soldiers Colony | Road | | | | | |
| | | | | | | | |
| | Full Mailing Address:City: Canton | State MS | 7: 6 1 39046 | | | | |
| | | | Zip Code: 39040 | | | | |
| XI. | DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD | | | | | | |
| | Site Name: | | | | | | |
| | Physical Address: | | | | | | |
| | Full Mailing Address: | | | | | | |
| | City: | State: | Zip Code: | | | | |
| | Contact Person:NOTE: All debris (other than lead) should | Telephone Numbe | er: ()ish Site, or to a permitted sanitary landfill | | | | |
| | A DESCRIPTION OF THE PROPERTY | go to all authorized Rubbi | ish site, of to a permitted samilary fandim. | | | | |
| XII. | ABATEMENT | go to all audiorized Rubbi | ish sice, of to a permitted samtary fandim. | | | | |
| XII. | | patement project and shall b rance of work areas. At all c ill be onsite or available by t | be onsite during all work site preparation an other times when abatement activities are | | | | |
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MAIL COPY TO: Mississippi Department of Environmental Quality

P.O. Box 2261, Jackson, MS 39225

Lead Notifications

EMAIL TO: notifications@mdeq.ms.gov