

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

695331



MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 8/10/2024	AI Number
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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: 6670 River Birch Rd
City: Walls State: MS Zip Code: 38680 County: DeSoto
Number of Units to be Abated/Renovated in the Building: Replacing 9 windows

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Katie McWilliams
Address of Owner: 6670 River Birch Rd City: Walls State: MS ZIP: 38680
Telephone Number: (662) 719-2555

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Ethan Hunt
Firm Certification Number: PBR-00011928 Telephone Number: (662) 316-1777 Exp. Date: 05/06/2025
Address of Certified Firm: 1109 County Road 59
City: New Albany State: MS Zip Code: 38650

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: 08 /21 /2024 Lead Project Stop: 08 /21 /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: Ethan Hunt

Full Mailing Address: 1109 County Road 59

City: New Albany State: MS Zip Code: 38650

Contact: Ethan Hunt Telephone Number: (662) 316-1777

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 Ethan Hunt

Signature Ethan Hunt

Date 08/10/2024

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

Mailing Address: 1109 County Road 59

City: New Albany State: MS Zip Code: 38650

Contact: Ethan Hunt Telephone Number: (662) 316-1777

Email: ethen.hunt@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