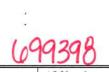
## Mississippi Office of Pollution Control Lead-Based Paint Abatement/Renovation Notification





Email	Jse Only:	Hand Deliver	Postmark (mail	only)	Date Received 8/17/202		Number	
lease ch	neck all ap	plicable boxes	for the type of No	tification:	Building Constr	uction: _1 on □Can	970 cellation Emergency	
I.	PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility:							
	Physical Address Project Site: 429 Diewer Di							
	City: Forest State: MS Zip Code: 39074 County: Scott  Number of Units to be Abated/Renovated in the Building: replacing 7 windows							
	Number o	t Units to be A	bated/Renovated in	the Building:	replacing / wind	iows		
II.	BUILDING OWNER INFORMATION							
		Earnestine F					20074	
	Address of Owner: 429 Brewer Dr City: Forest State: MS ZIP: 39074						MS ZIP: 39074	
	Telephone Number: (601)813-4195							
III.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION							
	Name of Certified Lead Abatement/Renovator Firm: Gary Ogle							
	Firm Certification Number: PBR-00010175 Telephone Number: (601) 862-8033 Exp. Date: 12/19/2024							
	Address of Certified Firm: 126 Cape Charles							
	City: Bran	ndon		State: MS		Zip Co	ode: 39047	
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.	CENER.	AL CONTRA	CTOR (Other)					
N. W. (1985)	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 /28 /2024 Lead Project Stop: 08 /28 /2024							
	Abatement/Renovation to be done during what time? ■Day (5 a.m. – 5 p.m.) □ Evening (5 p.m. – 8 p. □ Night (8 p.m. – 5 a.m.) □ Weekend							
VII.	DESCRI	PTION OF F	PROCEDURES T	O BE USEI	) (CHECK ALL	THAT A	APPLY)	
	Wet S Conta	anding inment – Explain	Component I Strip and Ren	Removal	Heat Gun Negative A		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

IX.	WASTE TRANSPORTER Name: Gary Ogle								
	Full Mailing Address: 126 Cape Charles								
	City: Brandon	State: MS	Zip Code: 3	9047					
	Contact: Gary Ogle	Telephone Number:	$(\underline{^{601}})^{862-8033}$	601)862-8033					
X.	WASTE LEAD DISPOSAL SITE								
	Site Name: Canton Sanitary Landfill								
	Physical Address: 303 Soldiers Colony Road								
	Full Mailing Address:								
	City: Canton	State: MS	Zip Code: <u>3</u>	9046					
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 go	Telephone Number o to an authorized Rubbis	r: ()_ sh Site, or to a pe	rmitted sanitary landfill.					
XII.	ABATEMENT								
	A certified supervisor is required for each abate during the post-abatement cleanup and clearar being conducted, the certified supervisor shall able to be present at the work site in no more t	nce of work areas. At all o be onsite or available by t	other times when a	abatement activities are					
XIII	I.RENOVATION								
	A certified renovator is required for each reno are posted, while the required work area conta performed. The certified renovator must regu available either onsite or by telephone at all time	inment is being establishe larly direct work being pe	ed, and while requer erformed by other	ired work area cleaning is					
XIV	CERTIFICATION OF ACCURACY	1							
	I certify that all of the above information is con			00/10/0004					
	Print Gary Ogle Si	ignature /////	gle	Date 08/19/2024					
	Contact information for return mail or questions concerning the information on this Notice								
	Mailing Address: 126 Cape Charles								
	City: Brandon	State: N		p Code: 39047					
	Contact: Gary Ogle	Telephone N	Telephone Number: (601) 862-8033						
	Email: gary.ogle@windowsusa.com								
Dofe	er to fee schedule to calculate required notifi	cation fee. Notification	fee must be sub	mitted with notification.					

EMAIL TO: notifications@mdeq.ms.gov MAIL COPY TO: Mississippi Department of Environmental Quality

**Lead Notifications** 

P.O. Box 2261, Jackson, MS 39225