

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



MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received <u>8/17/2024</u>	AI Number
--	----------------------	-----------------------------------	-----------

**Project Type:**  Abatement     Renovation    **Date of Building Construction:** 1951  
**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:** 3339 Cherrywood Dr  
 City: Jackson    State: MS    Zip Code: 39212    County: Hinds  
 Number of Units to be Abated/Renovated in the Building: replacing 17 windows

**II. BUILDING OWNER INFORMATION**

Mr./Mrs.: Marqual Johnson  
 Address of Owner: 33398 Cherrywood Dr    City: Jackson    State: MS    ZIP: 39212  
 Telephone Number: (601) 941-2556

**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: Brandon    State: MS    Zip Code: 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. 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 / 27 / 2024    Lead Project Stop: 08 / 27 / 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)**

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Wet Sanding            | <input type="checkbox"/> Component Removal | <input type="checkbox"/> Heat Gun     | <input type="checkbox"/> Encapsulation |
| <input checked="" type="checkbox"/> Containment | <input type="checkbox"/> Strip and Removal | <input type="checkbox"/> Negative Air | <input type="checkbox"/> Enclosure     |
| <input type="checkbox"/> 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: Gary Ogle  
Full Mailing Address: 126 Cape Charles  
City: Brandon State: MS Zip Code: 39047  
Contact: Gary Ogle Telephone Number: (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: 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 Gary Ogle Signature  Date 08/17/2024

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

Mailing Address: 126 Cape Charles  
City: Brandon State: MS Zip Code: 39047  
Contact: Gary Ogle Telephone Number: (601) 862-8033  
Email: gary.ogle@windowsusa.com

Refer to fee schedule to calculate required notification fee. Notification fee must be submitted 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