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



MDEQ U		- I D. E	Postmark (mail o	only)	Date Received	AI	Number		
Email	Mail Ha	ina Delivery			10/2/20	24			
	Type: Aba								
	eck all applicab heck if asbesto					47-1-70	icellation LI	Emergency	
					ins projecti	_			
I.	PROJECT/SITE INFORMATION  Target Housing: Child-Occupied Facility:								
	Physical Address Project Site: 11 Smith Rd								
	City: Waterford State: MS Zip Code: 38685 County: Marshall  Number of Units to be Abated/Renovated in the Building: replacing 12 windows								
	Number of Unit	s to be Abate	d/Renovated in	the Building:	epiacing 12 w	/IIIuows			
II.	BUILDING OWNER INFORMATION								
	Mr./Mrs.: Dena		- D-	1	Natarfard		MC 3	00605	
				City: <u>\</u>	Vaterford	State:_	INIS ZIP:	00000	
	Telephone Number: (662)719-0551								
III.		BATEMENT/RENOVATION CONTRACTOR INFORMATION							
	Name of Certified Lead Abatement/Renovator Firm: Andy Tidwell								
	Firm Certification Number: PBR-00008575 Telephone Number: (662) 316-1915 Exp. Date: 12/19/2024								
	Address of Ce								
	City: New Alba	iny		_ State: MS		Zip C	ode: 38652		
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:								
	For Paint Chip	Analysis, N	Name of Labora	itory:	Certi	fication Nu	mber:		
V.	GENERAL CONTRACTOR (Other)								
	Name of Firm: Windows USA								
	Firm Mailing Address: PO Box 222 Royal, AR 71968								
	Contact Person	n: Christine V	Valker		_ Telephone N	umber:( <u><sup>501</sup></u>	760-0292		
VI.	PROJECT D		/25 /2024	Lea	nd Project Stop	. 10 /25	/2024		
	•		( — — · · · · · · · · · · · · · · · · ·		<u></u>		Evening	(5 p.m. – 8 p.m	
	Abatement/Renovation to be done during what time? Day (5 a.m. – 5 p.m.) Evening (5 p.m. – 8 p.n Night (8 p.m. – 5 a.m.) Weekend								
VII.	DESCRIPTION	ON OF PRO	OCEDURES T	O BE USEI	(CHECK A	LL THAT	APPLY)		
	Wet Sandin  ☐ Containme ☐ Other – Ex	ent [	Component F Strip and Rei		Heat Gu Negativ		☐ Encapsu		

## 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.									
	Name: Andrew Tidwell								
	Full Mailing Address: 1571 CR 478	a. MS	7: 0 1 3865						
	City: New Albany Contact: Andrew Tidwell	State: NO	Zip Code: 5000						
	Contact: Andrew Howell	Telephone Number:	(002) 310-1313						
	WASTE LEAD DISPOSAL SITE								
	Site Name: Republic Services Little Dixie Landfill  Physical Address: 1716 N. County Line Rd								
	Physical Address: 1716 N. County Lin	e Rd							
	Full Mailing Address: City: Ridgeland								
	City: Ridgeland	State: MS	Zip Code: 3915	57					
	DISPOSAL SITE FOR DEBRIS OT	THER THAN LEAD							
	Site Name:								
	Physical Address:								
	Full Mailing Address:								
	City:								
	Contact Person:	Telephone Number	r: ()						
	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 rare posted, while the required work area coperformed. The certified renovator must ravailable either onsite or by telephone at all	ontainment is being establishe egularly direct work being pe	ed, and while required erformed by other indi	work area cleaning is					
XIV	CERTIFICATION OF ACCURACY	Y							
	I certify that all of the above information is	correct.	1.1.00						
	Print Andrew Tidwell	Signature // /////	Jawell 1	Date 10/02/2024					
	Contact information for return mail or questions concerning the information on this Notice								
	Mailing Address: 1571 CR 478								
	City: New Albany	State: M	<del>_</del>	ode: 38652					
	Contact: Andrew Tidwell	Telephone N	Number: ( <u>662)</u> 316-	1915					
	Email: andy.tidwell@windowsusa.com	n							
Refe	r to fee schedule to calculate required no		fee must be submit	ted with notification.					
	L TO: Mississippi Department of Envi								

**Lead Notifications** 

P.O. Box 2261, Jackson, MS 39225