206879

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



Email	ose Only: ☐Mail ☐Hand Delive	ry Postmark (mail o	nly)	4/02/2025	Al Number		
Please ch	Type: Abatement neck all applicable boxes theck if asbestos notifications	for the type of Not	ification: 🔳 Or	iginal Revision [n: 1970 Cancellation Emergency		
I.	PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility:						
	Physical Address Project Site: 878 Clay Chickasaw County Line City: Prairie State: MS Zip Code: 39756 County: Chickasaw						
					ty: Chickasaw		
	Number of Units to be A	bated/Renovated in	the Building:	acing 11 windows			
II	BUILDING OWNER INFORMATION						
	Mr./Mrs.: Zoretta Pulliar		lino a Pro	irio	MS 30756		
	Address of Owner: 878 Clay Chickasaw Co Line City: Prairie State: MS ZIP: 39756						
	Telephone Number: (662) 456-5882						
III.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION						
	Name of Certified Lead Abatement/Renovator Firm: Gary Ogle Firm Certification Number: PBR-00010175 Telephone Number: (662) 590-8440 Exp. Date: 12/19/2024						
							Address of Certified F
		City: Brandon		State: MS	Z	ip Code: <u>39047</u>	
IV.	INSPECTION INFORMATION						
	Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Michael Arender						
	Certification Number: PBR-00012789 Exp. Date: 05/07/2025 Date Inspection Conducted:						
	Test Method Used & Manufacturer of Testing Equipment:						
	For Paint Chip Analysis, Name of Laboratory: Certification Number:						
V.	GENERAL CONTR	ACTOR (Other)					
••	Name of Firm: Windows USA						
	Firm Mailing Address: PO Box 222 Royal, AR 71968						
	Contact Person: Christ		,	Felephone Number:	(501) 760-0292		
3.7T				F			
VI.	PROJECT DATES Lead Project Start: 04	/14 /2025	Lead	Project Stop: 04	/14 /2025		
	Abatement/Renovatio	n to be done during]Day (5 a.m. – 5 p.r]Night (8 p.m. – 5 a			
VII.	DESCRIPTION OF PROCEDURES TO BE USED (CHECK ALL THAT APPLY)						
	 Wet Sanding Containment Other – Explain	Component R Strip and Ren	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

IX.	WASTE TRANSPORTER Name: Michael Arender						
	Full Mailing Address: 54 Spears Rd						
	City: Yazoo City	State: MS	Zip Code: 39194				
	Contact: Michael Arender	Telephone Number: (662)590-8440					
X.	WASTE LEAD DISPOSAL SITE						
	Site Name: Canton Sanitary Landfill						
	Physical Address: 303 Soldiers Colony R	d					
	Full Mailing Address:						
	City: Canton	State: MS	Zip Code: 39046				
XI.	DISPOSAL SITE FOR DEBRIS OTHI						
	Site Name:						
	Physical Address:						
	Full Mailing Address:						
	City:						
	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 abat 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 be onsite or available by t	other times when abatement activities are				
XIII	.RENOVATION						
	A certified renovator is required for each reno are posted, while the required work area conta performed. The certified renovator must regulavailable either onsite or by telephone at all tin	inment is being establishe larly direct work being pe	ed, and while required work area cleaning is erformed by other individuals and must be				
XIV	CERTIFICATION OF ACCURACY						
	I certify that all of the above information is con	rrect.	Disample 11.225				
	Print Michael Arender Si	gnature MCNAC	Arender Date 4.2.25				
	Contact information for return mail or questions concerning the information on this Notice Mailing Address: 54 Spears Rd						
	City: Yazoo City	State: N	IS Zip Code: 39194				
	Contact: Michael Arender	Telephone N	Number: (662)590-8440				
	Email: michael.arender@windowsusa	i.com					
Dofo	r to fee schedule to calculate required notifi		fee must be submitted with notification				
	· · · · · · · · · · · · · · · · · · ·		tee must be submitted with notification.				
MA)	IL TO: Mississippi Department of Environ	imental Quality					

P.O. Box 2261, Jackson, MS 39225