



Mississippi Office of Pollution Control

Lead-Based Paint Abatement/Renovation Notification

MDEQ Use Only: ☒ Email ☐ Mail ☐ Hand Delivery	Postmark (mail only)	Date Received 04/08/2025	AI Number
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Project Type: ☐ Abatement ☒ Renovation **Date of Building Construction:** 1965
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: 1510 Park Circle Dr
City: Clarksdale **State:** MS **Zip Code:** 38614 **County:** Coahoma
Number of Units to be Abated/Renovated in the Building: replacing 13 windows

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Stevie White
Address of Owner: 1510 Park Circle Dr **City:** Clarksdale **State:** MS **ZIP:** 38614
Telephone Number: (662) 228-3086

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Andy Tidwell
Firm Certification Number: NBF-00000886 **Telephone Number:** (662) 316-1915 **Exp. Date:** 12/19/2025
Address of Certified Firm: 1571 CR 478
City: New Albany **State:** MS **Zip Code:** 38652

IV. INSPECTION INFORMATION

Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Andy Tidwell
Certification Number: PBR-00008575 **Exp. Date:** 12/19/2025 **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: 05 / 05 / 2025 **Lead Project Stop:** 05 / 05 / 2025
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: Andrew Tidwell

Full Mailing Address: 1571 CR 478

City: New Albany State: MS Zip Code: 38652

Contact: Andrew Tidwell Telephone Number: (662) 316-1915

X. WASTE LEAD DISPOSAL SITE

Site Name: Republic Services Little Dixie Landfill

Physical Address: 1716 N. County Line Rd

Full Mailing Address: _____

City: Ridgeland State: MS Zip Code: 39157

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 Andrew Tidwell

Signature Andy Tidwell

Date 4.8.25

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

Mailing Address: 1571 CR 478

City: New Albany State: MS Zip Code: 38652

Contact: Andrew Tidwell Telephone Number: (662) 316-1915

Email: andy.tidwell@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