

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 04/25/2025	AI Number
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Project Type: ☐ Abatement ☒ Renovation **Date of Building Construction:** 1968
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: 146 Maple Street

City: Columbus State: MS Zip Code: 39702 County: Lowndes

Number of Units to be Abated/Renovated in the Building: Replacing 8 windows

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Joseph Mickens

Address of Owner: 146 Maple Street City: Columbus State: MS ZIP: 39702

Telephone Number: (662) 364-7348

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Cameron Ekes

Firm Certification Number: PBR-00012157 Telephone Number: (601) 470-5742 Exp. Date: 06/04/2025

Address of Certified Firm: 33 Dick Sumrall Road

City: Laurel State: MS Zip Code: 39443

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: 05 / 13 / 2025 Lead Project Stop: 05 / 13 / 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)

<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: Cameron Ekes

Full Mailing Address: 33 Dick Sumrall Road

City: Laurel State: MS Zip Code: 39443

Contact: Cameron Ekes Telephone Number: (601) 470-5742

X. WASTE LEAD DISPOSAL SITE

Site Name: The Faircloth Rubbish Landfill

Physical Address: 1312 Springridge Road

Full Mailing Address: _____

City: Clinton State: MS Zip Code: _____

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 Cameron Ekes

Signature Cameron Ekes Date 4.25.25

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

Mailing Address: 33 Dick Sumrall Road

City: Laurel State: MS Zip Code: 39443

Contact: Cameron Ekes Telephone Number: (601) 470-5742

Email: Cameron.ekes@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