208057

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



MDEQ U			Postmark (mail only	)	Date Received	AI	Number		
Email	∐Mail 	Hand Delivery			4/28/2	2025			
roject	Type:	Abatement <b></b>	Renovation	Date of	Building Con	struction:	1976		
		plicable boxes for			_	_	-,	mergency	
		bestos notificatio							
I.	PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility:								
	Physical Address Project Site: 1922 Whitaker Road								
	City: Meri	dian	State: MS	Zip	Code: 39301	County: L	.auderdale		
		f Units to be Abate							
II.	BUILDING OWNER INFORMATION								
	Mr./Mrs.: Sheila Booth								
	_	f Owner: 1922 Wh	itaker Road	Çity:	Meridian	State:	MS ZIP: 3	9301	
	Telephone	Number: (601) 48	80-5029					<del></del>	
III.	ABATE	MENT/RENOV	ATION CONTR	ACTOR 1	INFORMATI	ON			
111.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION  Name of Certified Lead Abatement/Renovator Firm: Daniel Davis								
		tification Number					Evn Date:	06/04/2025	
		of Certified Firm:		rerephon	c Number.(	)	Exp. Date.		
	City: Lau			State: MS	<del>, , , , , , , , , , , , , , , , , , , </del>	7:n C	ode: 39443		
	· —			State. <u></u>		Zip C	,ouc, <u></u>		
IV.	INSPECTION INFORMATION Name of Pengyator/Inspector/Pick Assessor Conducting Inspections								
	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:								
				гу:	Cen	incation int	ımber:		
V.	GENERAL CONTRACTOR (Other)								
	Name of Firm: Windows USA								
	Firm Mailing Address: PO Box 222, Royal, AR 71968								
	Contact I	Person: Christine V	Valker		_ Telephone N	Number:( <u>501</u>	760-0292	<del></del>	
VI.		CT <b>DATES</b> ject Start: <u>05</u>	/ <u>22 /2025</u>	Lea	ad Project Stop	o: <u>05 /</u> 22			
	Abateme	nt/Renovation to	be done during w	vhat time?			□Evening ( ) □Weekend	(5 p.m. – 8 p.m	
VII.	DESCRI	IPTION OF PRO	OCEDURES TO	BE USE	) (CHECK A	LL THAT	APPLY)		
v 11.	Wet S	Sanding hinment - Explain	Component Rer Strip and Remo	noval	Heat G	un	Encapsu Enclosur		

## 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: Daniel Davis	~ · · · · · · · · · · · · · · · · · · ·					
	Full Mailing Address: 6 Hickory Spur						
	City: Laurel	State: MS	Zip Code: 39443				
	Contact: Daniel Davis	_ Telephone Number:	( <del>601</del> ) <del>344-8240</del>				
X.	WASTE LEAD DISPOSAL SITE						
	Site Name: Canton Sanitary Landfill						
	Physical Address: 303 Soldiers Colony Ro	d					
	Full Mailing Address:						
	City: Canton	State: MS	Zip Code: 39046				
XI.	DISPOSAL SITE FOR DEBRIS OTHE						
	Site Name:						
	Physical Address:						
	Full Mailing Address:						
	City:	State:	Zip Code:				
	Contact Person: Telephone Number: ()						
XII.	ABATEMENT						
	A certified supervisor is required for each abate during the post-abatement cleanup and clearan being conducted, the certified supervisor shall be able to be present at the work site in no more th	ce of work areas. At all one onsite or available by t	other times when abatement activities are				
XIII	RENOVATION						
	A certified renovator is required for each renovator posted, while the required work area contain performed. The certified renovator must regulavailable either onsite or by telephone at all times.	inment is being establishe arly direct work being pe	d, and while required work area cleaning is rformed by other individuals and must be				
XIV	CERTIFICATION OF ACCURACY						
	I certify that all of the above information is cor	rect.	11 -0 -1-				
	Print Daniel Davis Signature Signatu	gnature <u>Fallel</u>	Date 4.28.25				
	Contact information for return mail or question	ns concerning the inform	ation on this Notice				
	Mailing Address: 6 Hickory Spur						
	City: Laurel	State: M	S Zip Code: 39443				
	Contact: Daniel Davis	Telephone N	Number: (601) 344-8240				
15	Email: daniel.davis@windowsusa.com						
Refe	r to fee schedule to calculate required notific	cation fee. Notification	fee must be submitted with notification.				
	IL TO: Mississippi Department of Environ						
TATTAT	Lead Notifications	mentar Quanty					

P.O. Box 2261, Jackson, MS 39225