206879

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



MDEQ Us Email		Hand Deliver	Postmark (ma	il only)	4/30/2025	Al Numb	èr			
lease ch	eck all ap	plicable boxes	for the type of N	otification: 🔳	Building Constr Original Revisi this project:		tion Emergency			
	PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility:									
	Physical Address Project Site: 9570 Stuart St City: Olive Branch State: MS Zip Code: 38654 County: DeSoto									
					replacing 1 window					
II.	BUILDI		INFORMATIO		······································					
	Address o		Stuart St) 494-0240	City:	Olive Branch	State: MS	ZIP: 38654			
m.	ABATE	MENT/RENC	VATION CON	TRACTOR 1	INFORMATION	V				
	Firm Cer	tification Num of Certified Fi	m: 1158 CR 77	23 Telephon	e Number:(<u>662)</u> 5	··- · · · · · · · · · · · · · · · · · ·	xp. Date: 08/13/2025			
	City: IVE	V Albally		State: NIS		Zip Code:	30032			
	INSPECTION INFORMATION Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Trey Barkley Certification Number: PBR-00011864 Exp. Date: 08/13/2025 Date Inspection Conducted:									
	Test Method Used & Manufacturer of Testing Equipment:									
	For Paint Chip Analysis, Name of Laboratory: Certification Number:									
	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									
		CT DATES ject Start: 05	/19 /2025	Lea	ad Project Stop: _C	05 / 19 / 2	025			
	Abatement/Renovation to be done during what time? Day (5 a.m 5 p.m.) Evening (5 p.m 8 p.m.) Weekend									
VII.	DESCRI	PTION OF P	ROCEDURES	TO BE USEI) (CHECK ALI	THAT APP	LY)			
	Conta	Sanding iinment – Explain	Component Strip and Re		Heat Gun Negative A		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

	WASTE TRANSPORTER Name: Trey Barkley								
	Full Mailing Address: 1158 CR 77	·							
	City: New Albany	State MS	Zip Code: 38652						
	Contact: Trey Barkley	Telephone Number:	: (662) 598-	662) 598-5455					
X.	WASTE LEAD DISPOSAL SITE Site Name: Canton Sanitary Landfill	•							
	Physical Address: 303 Soldiers Colon	y Rd							
	Full Mailing Address:								
	City: Canton								
XI.	DISPOSAL SITE FOR DEBRIS OT								
	Site Name:								
	Physical Address:								
	Full Mailing Address:								
	City:	State:	Zip Co	ode:					
	Contact Person:	Telephone Number	r: ()						
	Contact Person:	Telephone Numbe d go to an authorized Rubbi	r: () sh Site, or to	a permitted s	anitary landfill.				
XII.	Contact Person:	Telephone Number d go to an authorized Rubbi	er: () sh Site, or to	a permitted s	anitary landfill.				
XII.	Contact Person:	d go to an authorized Rubbi abatement project and shall barance of work areas. At all of a all be onsite or available by t	sh Site, or to be onsite dur other times v	o a permitted s ing all work sit vhen abatemen	anitary landfill. e preparation and t activities are				
	Contact Person: NOTE: All debris (other than lead) shoul ABATEMENT A certified supervisor is required for each a during the post-abatement cleanup and cleabeing conducted, the certified supervisor should be a supervisor should	d go to an authorized Rubbi abatement project and shall barance of work areas. At all of a all be onsite or available by t	sh Site, or to be onsite dur other times v	o a permitted s ing all work sit vhen abatemen	anitary landfill. e preparation and t activities are				
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Lead Notifications

P.O. Box 2261, Jackson, MS 39225