206879

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



MDEQ U Email	ise Only: Mail	Hand Deliver	Postmark (mail o	nly)	5/01/2025	Al Numb	er	
lease ch	ieck all ap	plicable boxes		ification: 🔳	Building Constructoriginal Revision		tion Emergency	
I.	PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility: Physical Address Project Site: City: Cleveland State: MS Zip Code: 38732 County: Bolivar							
						ounty: Dollvar	· · · · · · · · · · · · · · · · · · ·	
					eplacing 8 windows	 		
П.	BUILDING OWNER INFORMATION							
		Kamilyah Butle			loveland	a MS	ZIP: 38732	
		of Owner: <u>504 (</u> e Number: (<u>66</u> 2	Meadow Lane	City: <u>\</u>	Cleveland	_ State: Wild	ZIb: 001.05	
	_							
III.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION							
	Name of Certified Lead Abatement/Renovator Firm: Ogle Services							
	Firm Certification Number: NVF-00000887 Telephone Number: (662) 590-8440 Exp. Date: 12/19/2025							
	Address	of Certified F	irm: 126 Cape Char					
	City: Bra	ndon		State: MS		_Zip Code:	39047	
IV.	INSPECTION INFORMATION							
	Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Michael Arender							
	Certification Number: PBR-00012789 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.		_						
٧.	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							
	Contact	rerson:	TO TTUING!		_ Telephone Numi			
VI.		CT DATES oject Start: 05	/19 /2025	_ Lea	ad Project Stop: 05	/19 /2	025	
	Abateme	ent/Renovation	n to be done durin	g what time?	■Day (5 a.m. – 5 Night (8 p.m. –		Evening (5 p.m. – 8 p. Weekend	
VII.	DESCR	IPTION OF	PROCEDURES T	O BE USEI) (CHECK ALL	THAT APP	LY)	
		Sanding	Component l		Heat Gun		Encapsulation	
	Cont	ainment r – Explain	Strip and Re		Negative Ai		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							
74.	Site Name: Canton Sanitary Landfill							
	Physical Address: 303 Soldiers Colony F	Rd						
	Full Mailing Address: City: Canton	g, , MS	7: 0 1 30046					
			Zip Code: 39040					
XI.	DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD							
	Site Name:							
	Physical Address:		*					
	Full Mailing Address:							
	City:	State:	Zip Code:					
	Contact Person:	Telephone Numbe	r: ()					
	NOTE: All debris (other than lead) should g	go to an authorized Rubbi	sh Site, or to a permitted sanitary landfill.					
XII.	ABATEMENT							
	A certified supervisor is required for each abaduring the post-abatement cleanup and clearabeing conducted, the certified supervisor shall able to be present at the work site in no more	ance of work areas. At all of the 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 contraction performed. The certified renovator must regulate available either onsite or by telephone at all times.	ainment is being establishe alarly 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 co	errect.						
	Print Michael Arender S	ignature MICHAE	Alle del Date 5.1.25					
	Contact information for return mail or questions concerning the information on this Notice							
	Mailing Address: 54 Spears Rd							
	City: Yazoo City	State: M	S Zip Code: 39194					
	Contact: Michael Arender	Telephone N	Tumber: (662)590-8440					
	Email: michael.arender@windowsusa	a.com						
Refe	r to fee schedule to calculate required notif	ication fee. Notification	fee must be submitted with notification					
Refer to fee schedule to calculate required notification fee. Notification fee must be submitted with notification.								
WIAI	L TO: Mississippi Department of Environ Lead Notifications P.O. Box 2261, Jackson, MS 39225							