208057

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

MDEQ Use Only: ☒ Email ☐ Mail ☐ Hand Delivery	Postmark (mail only)	Date Received 5/02/2025	AI Number

Project Type: ☐ **Abatement** ■ **Renovation** **Date of Building Construction:** 1975

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: 391 Mitchell Rd

City: Macon State: MS Zip Code: 39341 County: Winston

Number of Units to be Abated/Renovated in the Building: Replacing 7 windows

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Lora Geter

Address of Owner: 391 Mitchell Rd City: macon State: MS ZIP: 39341

Telephone Number: (662) 831-0076

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Daniel Davis

Firm Certification Number: PBR-00011354 Telephone Number: (601) 344-8240 Exp. Date: 06/04/2025

Address of Certified Firm: 6 Hickory Spur

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 / 19 / 2025 Lead Project Stop: 05 / 19 / 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: Daniel Davis

Full Mailing Address: 6 Hickory Spur

City: Laurel State: MS Zip Code: 39443

Contact: Daniel Davis Telephone Number: (601) 344-8240

X. WASTE LEAD DISPOSAL SITE

Site Name: Canton Sanitary Landfill

Physical Address: 303 Soldiers Colony Rd

Full Mailing Address: _____

City: Canton State: MS Zip Code: 39046

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 Daniel Davis **Signature** Daniel Davis **Date** 5.2.25

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

Mailing Address: 6 Hickory Spur

City: Laurel State: MS Zip Code: 39443

Contact: Daniel Davis Telephone Number: (601) 344-8240

Email: daniel.davis@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