

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

209258



MDEQ Use Only: ☒ Email ☐ Mail ☐ Hand Delivery	Postmark (mail only)	Date Received 5/13/2025	AI Number
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Project Type: ☐ Abatement ☒ Renovation **Date of Building Construction:** 1972
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: 202 Kennedy Dr
City: Itta Bena **State:** MS **Zip Code:** 38941 **County:** Leflore
Number of Units to be Abated/Renovated in the Building: replacing 11 windows

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Gloria Kirkwood
Address of Owner: 202 Kennedy Dr **City:** Itta Bena **State:** MS **ZIP:** 38941
Telephone Number: (662) 792-7117

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Gary Ogle
Firm Certification Number: PBR-00010175 **Telephone Number:** (601) 862-8033 **Exp. Date:** 12/19/2025
Address of Certified Firm: 126 Cape Charles
City: Brandon **State:** MS **Zip Code:** 39047

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 / 30 / 2025 **Lead Project Stop:** 05 / 30 / 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: Gary Ogle

Full Mailing Address: 126 Cape Charles

City: Brandon State: MS Zip Code: 39047

Contact: Gary Ogle Telephone Number: (601) 862-8033

X. WASTE LEAD DISPOSAL SITE

Site Name: Canton Sanitary Landfill

Physical Address: 303 Soldiers Colony Road

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 Gary Ogle

Signature

Gary Ogle

Date

5/13/25

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

Mailing Address: 126 Cape Charles

City: Brandon State: MS Zip Code: 39047

Contact: Gary Ogle Telephone Number: (601) 862-8033

Email: gary.ogle@windowsusa.com

Refer to fee schedule to calculate required notification fee. Notification fee must be submitted with notification.

EMAIL TO: notifications@mdeq.ms.gov

MAIL COPY TO: **Mississippi Department of Environmental Quality**
Lead Notifications
P.O. Box 2261, Jackson, MS 39225