



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

Project Type:  Abatement  Renovation Date of Building Construction: before 1978  
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:  Single Family Residence  Multifamily Dwelling \* (i.e. multifamily apartment, duplex, etc.)  
Child-Occupied Facility:  Daycare  Pre-School  Other \_\_\_\_\_  
Physical Address Project Site 175 N Cleveland Ave  
City Brookhaven State MS Zip Code 39601 County Lincoln  
Number of Units to be Abated/Renovated in the Building 8

**II. BUILDING OWNER INFORMATION**

Mr./Mrs. Patricia or Ali Lopez  
Address of Owner 175 N Cleveland Ave City Brookhaven State MS Zip Code 39601  
Telephone Number 601-835-6030

**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 04/25/2021  
Address of Certified Firm 126 Cape Charles  
City Brandon State MS Zip Code 39047

**IV. INSPECTION INFORMATION**

Name of 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 Mia Walsh Telephone Number 501-760-0309

**VI. PROJECT DATES**

Lead Project Start 04 / 17 / 21 Lead Project Stop 04 / 19 / 21  
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  Chemical Removal  Heat Gun  
 Containment  Strip and Removal  Negative Air  
Other - Explain \_\_\_\_\_

**VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE REMOVED)**

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 \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Full Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**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 on-site 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 04/12/2021

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

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

MAIL TO: Mississippi Department of Environmental Quality OR Mississippi Department of Environmental Quality  
Lead Program Lead Program  
PO Box 2261 515 East Amite Street  
Jackson, MS 39225 Jackson, MS 39201  
(601) 961-5171