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

Project Type: ☐ Abatement ☒ Renovation Date of Building Construction: 1976

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 1530 Northlake Cir

City Jackson State MS Zip Code 39211 County Lincoln

Number of Units to be Abated/Renovated in the Building 14

II. BUILDING OWNER INFORMATION

Mr./Mrs. Sylvia Longino

Address of Owner 1530 Northlake Cir City Jackson State MS Zip Code 39211

Telephone Number 601-906-7324

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 / 21 / 21 Lead Project Stop 04 / 23 / 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 04/16/2021

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
Lead Program
PO Box 2261
Jackson, MS 39225
(601) 961-5171

OR Mississippi Department of Environmental Quality
Lead Program
515 East Amite Street
Jackson, MS 39201