185828

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

MDEQ Use Only: ☑ Email ☐ Mail ☐ Hand Delivery	Postmark (mail only)	Date Received 3/10/22	AI Number

Project Type: ☐ **Abatement** ■ **Renovation** **Date of Building Construction:** 1950

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: 2242 Paden St

City: Jackson State: MS Zip Code: 39204 County: Hinds

Number of Units to be Abated/Renovated in the Building: 11

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Gregory or Carolyn Johnson

Address of Owner: 2242 Paden St City: Jackson State: MS ZIP: 39204

Telephone Number: (601) 214-1440

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: 07/06/2022

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: Mia Walsh Telephone Number: (501) 760-0309

VI. PROJECT DATES

Lead Project Start: 03 / 12 / 2022 Lead Project Stop: 03 / 14 / 2022

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: _____

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 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** 03/10/2022

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.

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