

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

job 189116



<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received <u>5.25.2022</u>	AI Number
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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: 7273 Wendall Cv  
 City: Horn Lake      State: MS      Zip Code: 38639      County: De Soto  
 Number of Units to be Abated/Renovated in the Building: 9

**II. BUILDING OWNER INFORMATION**

Mr./Mrs.: Kendrick or Calandra Doss  
 Address of Owner: 7273 Wendall Cv      City: Horn Lake      State: MS      ZIP: 38637  
 Telephone Number: (901) 643-2501

**III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION**

Name of Certified Lead Abatement/Renovator Firm: Andrew Tidwell  
 Firm Certification Number: PBR-00008575      Telephone Number: (662) 316-1915      Exp. Date: 12/14/2022  
 Address of Certified Firm: 1571 CR 478  
 City: New Albany      State: MS      Zip Code: 38652

**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: 06 / 02 / 2022      Lead Project Stop: 06 / 04 / 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)**

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Wet Sanding            | <input type="checkbox"/> Component Removal | <input type="checkbox"/> Heat Gun     | <input type="checkbox"/> Encapsulation |
| <input checked="" type="checkbox"/> Containment | <input type="checkbox"/> Strip and Removal | <input type="checkbox"/> Negative Air | <input type="checkbox"/> Enclosure     |
| <input type="checkbox"/> 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: Andrew Tidwell  
Full Mailing Address: 1571 CR 478  
City: New Albany State: MS Zip Code: 38652  
Contact: Andrew Tidwell Telephone Number: (662) 316-1915

**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 Andrew Tidwell Signature Andrew Tidwell Date 05/25/2022

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

Mailing Address: 1571 CR 478  
City: New Albany State: MS Zip Code: 38652  
Contact: Andrew Tidwell Telephone Number: (662) 316-1915  
Email: andy.tidwell@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