

Rev

102189791



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

MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 6/15/2022	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: 1014 Sessica St
City: Mount Olive **State:** MS **Zip Code:** 39119 **County:** Covington
Number of Units to be Abated/Renovated in the Building: 9

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Marion Jackson
Address of Owner: 1014 Sessica St **City:** Mount Olive **State:** MS **ZIP:** 39119
Telephone Number: (601) 927-6989

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: John Tew
Firm Certification Number: PBR-00010112 **Telephone Number:** (334) 378-9231 **Exp. Date:** 07/06/2022
Address of Certified Firm: 30 Triangle Dr
City: Laurel **State:** MS **Zip Code:** 39443

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) 780-0309

VI. PROJECT DATES

Lead Project Start: 06 / 20 / 2022 **Lead Project Stop:** 06 / 22 / 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: John Tew
Full Mailing Address: 30 Triangle Dr
City: Laurel State: MS Zip Code: 39443
Contact: John Tew Telephone Number: (334) 378-9231

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 John Tew Signature John Tew Date 06/15/2022

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

Mailing Address: 30 Triangle Dr
City: Laurel State: MS Zip Code: 39443
Contact: John Tew Telephone Number: (334) 378-9231
Email: john.tew@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