

202007



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

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 4/21/23	AI Number
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Project Type:  Abatement    Renovation      Date of Building Construction: 1966  
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: 910 S. Captain Gloster Dr  
City: Gloster      State: MS      Zip Code: 39638      County: Amite  
Number of Units to be Abated/Renovated in the Building: 12 windows

### II. BUILDING OWNER INFORMATION

Mr./Mrs.: Catherine Bailey  
Address of Owner: 910 S. Captain Gloster Dr      City: Gloster      State: MS      ZIP: 39638  
Telephone Number: (601) 996-1732

### 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: 08/02/2023  
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: Christine Walker      Telephone Number: (501) 760-0292

### VI. PROJECT DATES

Lead Project Start: 04 / 28 / 2023      Lead Project Stop: 04 / 28 / 2023  
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: Republic Services Little Dixie Landfill  
Physical Address: 1716 N. County Line Road  
Full Mailing Address: \_\_\_\_\_  
City: Ridgeland State: MS Zip Code: 39157

**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 04/21/2023

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