

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

201302



MDEQ Use Only: <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: 1970  
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: 152 N. Second St  
City: Drew State: MS Zip Code: 38737 County: Sunflower  
Number of Units to be Abated/Renovated in the Building: replacing 11 windows

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Delois and James Roy  
Address of Owner: 152 N. Second St City: Drew State: MS ZIP: 38737  
Telephone Number: (662) 719-9929

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: Jacob Kent  
Firm Certification Number: PBR-00011865 Telephone Number: (662) 316-6365 Exp. Date: 02/05/2024  
Address of Certified Firm: 1004 CR 340  
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: Christine Walker Telephone Number: (501) 760-0292

VI. PROJECT DATES

Lead Project Start: 04 / 23 / 2023 Lead Project Stop: 04 / 23 / 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)

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: Jacob Kent  
Full Mailing Address: 1004 CR 340  
City: New Albany State: MS Zip Code: 38652  
Contact: Jacob Kent Telephone Number: (662) 316-6365

**X. WASTE LEAD DISPOSAL SITE**

Site Name: The Faircloth Rubbish Landfill  
Physical Address: 1312 Springridge Road  
Full Mailing Address: \_\_\_\_\_  
City: Clinton State: MS 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 Jacob Kent Signature Jacob Kent Date 04/21/2023

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

Mailing Address: 1004 CR 340  
City: New Albany State: MS Zip Code: 38652  
Contact: Jacob Kent Telephone Number: (662) 316-6365  
Email: jacob.kent@windowsua.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