

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

656276



MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received <b>03-28-2024</b>	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:** 105 Watts Street  
 City: McComb      State: MS      Zip Code: 39648      County: Pike  
 Number of Units to be Abated/Renovated in the Building: Replacing 10 windows

**II. BUILDING OWNER INFORMATION**

Mr./Mrs.: Bettie Pitman  
 Address of Owner: 105 Watts Street      City: McComb      State: MS      ZIP: 39648  
 Telephone Number: (601) 248-4599

**III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION**

**Name of Certified Lead Abatement/Renovator Firm:** Daniel Davis  
 Firm Certification Number: PBR-00011354      Telephone Number: (601) 344-8240      Exp. Date: 06/04/2024  
 Address of Certified Firm: 6 Hickory Spur  
 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 / 04 / 2024      Lead Project Stop: 04 / 04 / 2024  
 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: Kory Brown

Full Mailing Address: 300 West Mountain View

City: Hot Springs State: AR Zip Code: 71913

Contact: Kory Brown Telephone Number: (501) 547-4138

**X. WASTE LEAD DISPOSAL SITE**

Site Name: Canton Sanitary Landfill

Physical Address: 303 Soldiers Colony Rd

Full Mailing Address: \_\_\_\_\_

City: Canton State: MS Zip Code: 39046

**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 Daniel Davis

Signature 

Date 03/28/2024

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

Mailing Address: 6 Hickory Spur

City: Laurel State: MS Zip Code: 39443

Contact: Daniel Davis Telephone Number: (601) 344-8240

Email: daniel.davis@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