656253

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



	Use Only: I Mail Hand Delivery	Postmark (mail only)	Date Received 4/19/2024	AI Number				
		Renovation Date						
lease cl	heck all applicable boxes for	r the type of Notification: [ion was also submitted fo	■Original Revision	n Cancellation E	mergency			
			i tilis project.					
I.	PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility:							
	Physical Address Project Site: 711 21st Street							
	City: McComb State: MS Zip Code: 39648 County: Pike							
	Number of Units to be Abated/Renovated in the Building: Replacing 21 Windows							
II.	BUILDING OWNER INFORMATION Mr./Mrs.: Marcus Lenard							
	Address of Owner: 711 21		/:McComb	State: MS ZIP: 39	9648			
	Telephone Number: (601)	The state of the s			<u> </u>			
ш	ABATEMENT/RENOV	ATION CONTRACTOR	RINFORMATION					
	ABATEMENT/RENOVATION CONTRACTOR INFORMATION Name of Certified Lead Abatement/Renovator Firm: Cameron Ekes							
	Firm Certification Number: PBR-00012157 Telephone Number: (601) 470-5742 Exp. Date: 06/04/2024							
	Address of Certified Firm: 33 Dick Sumrall Road							
		State: M	S	Zin Code: 39443	None			
137				_ 2.ip code	-			
1 .	INSPECTION INFORMATION Name of Renovator/Inspector/Risk Assessor Conducting Inspection:							
		Exp. Date:						
	Test Method Used & Manufacturer of Testing Equipment:							
	For Paint Chip Analysis, Name of Laboratory: Certification Number:							
v.	GENERAL CONTRAC							
٧.	Name of Firm: Windows							
	Firm Mailing Address: PO Box 222 Royal, AR 71968							
	Contact Person: Christine Walker Telephone Number: (501) 760-0292							
			Telephone Numb	61.(<u>), 65 6262</u>				
VI.	PROJECT DATES Lead Project Start: 04		ead Project Stop: 04					
	Abatement/Renovation to	o be done during what time		p.m.) Evening (5 a.m.) Weekend	5 p.m. – 8 p.r			
VII	DESCRIPTION OF PR	OCEDURES TO BE USI	ED (CHECK ALL.)	THAT APPLY)				
7 11.	Wet Sanding	Component Removal	Heat Gun	Encapsul	ation			
	Containment	Strip and Removal	Negative Air					
	Other – Explain							
				Edition 1				

VIII.DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE AFFECTED)

Retro Fit Pocket Replacement of Existing Windows with New Vinyl Winodws

IX.	WASTE TRANSPORTER							
	Name: Cameron Ekes							
	Full Mailing Address: 33 Dick Sumrall Roa							
	City: Laurel	State: MS	Zip Code: 39443					
	Contact: Cameron Ekes	Telephone Number	: (<u>601</u>) <u>470-5742</u>					
Χ.	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	r Sed					
	Site Name:							
	Physical Address:							
	Full Mailing Address:							
	City:							
	Contact Person: NOTE: All debris (other than lead) should go to	Telephone Numbe	r: ()					
	NOTE: All debris (other than lead) should go to	an authorized Rubbi	sh Site, or to a permitted sanitary land	lfill.				
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	1 1/1000	Mespate 04/19/20	24				
	Contact information for return mail or questions concerning the information on this Notice Mailing Address: 33 Dick Sumrall Road							
		State: M	S Zip Code: 39443					
	City: Laurel Contact: Cameron Ekes	State.	Number: (601) 470-5742					
	Email: Cameron.ekes@windowsusa.com	relephone N	Number. (55.) 1.6 5.12 quir					
			(***					
Refe	r to fee schedule to calculate required notificati	ion fee. Notification	fee must be submitted with notifica	ation.				
MAI	L TO: Mississippi Department of Environme	ental Quality						

P.O. Box 2261, Jackson, MS 39225