

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

682543



|  |                      |                            |           |
|--|----------------------|----------------------------|-----------|
| MDEQ Use Only:<br><input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery | Postmark (mail only) | Date Received<br>6/29/2024 | AI Number |
|--|----------------------|----------------------------|-----------|

**Project Type:**  Abatement     Renovation    **Date of Building Construction:** 1976  
 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:** 116 Joel Dr

City: Columbus    State: MS    Zip Code: 39705    County: Lowndes

Number of Units to be Abated/Renovated in the Building: replacing 19 windows

**II. BUILDING OWNER INFORMATION**

Mr./Mrs.: Louis Coleman

Address of Owner: 116 Joel Dr    City: Columbus    State: MS    ZIP: 39705

Telephone Number: (662) 570-8938

**III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION**

**Name of Certified Lead Abatement/Renovator Firm:** Andy Tidwell

Firm Certification Number: PBR-00008575    Telephone Number: (662) 316-1915    Exp. Date: 12/19/2024

Address of Certified Firm: 1571 CR 478

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: 07 / 16 / 2024    Lead Project Stop: 07 / 17 / 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: Andrew Tidwell

Full Mailing Address: 1571 CR 478

City: New Albany State: MS Zip Code: 38652

Contact: Andrew Tidwell Telephone Number: (662) 316-1915

**X. WASTE LEAD DISPOSAL SITE**

Site Name: Republic Services Little Dixie Landfill

Physical Address: 1716 N. County Line Rd

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 Andrew Tidwell

Signature 

Date 06/29/2024

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

Mailing Address: 1571 CR 478

City: New Albany State: MS Zip Code: 38652

Contact: Andrew Tidwell Telephone Number: (662) 316-1915

Email: andy.tidwell@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