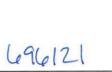
## Mississippi Office of Pollution Control Lead-Based Paint Abatement/Renovation Notification





1971 49	Jse Only:	Postmark (mail	only) D:	ite Received	AI Number				
Email	☐Mail ☐Hand Delivery	у		08-07-2024					
	Type: Abatement								
	neck all applicable boxes				on Cancellation E	mergency			
ease c	heck if asbestos notifica	ation was also su	bmitted for thi	s project: 🔲					
I.	PROJECT/SITE INFO	ORMATION							
	Target Housing:								
	Child-Occupied Facility:		C+						
	Physical Address Project City: Vicksburg	et Site: 2509 Oak	3: 6	39180	Warren	×			
	Number of Units to be Ab	bated/Renovated in	the Building:	doing to with	20110				
II.	BUILDING OWNER INFORMATION								
	Mr./Mrs.: Laquita Walls		\ /:-	los la consu	NO 20	2100			
	Address of Owner: 2509		City: VIC	ksburg	State: MS ZIP: 39	9100			
	Telephone Number: (601	)831-6144							
III.	ABATEMENT/RENC	OVATION CONT	RACTOR IN	FORMATION					
	Name of Certified Lea	d Abatement/Re	novator Firm:	Gary Ogle					
	Firm Certification Num	ber: PBR-0001017	75 Telephone N	Number:( <u>601</u> ) <u>86</u>	62-8033 Exp. Date:	12/19/2024			
	Address of Certified Fir								
	City: Brandon		State: MS		_ Zip Code: 39047				
IV.									
IV.	INSPECTION INFORMATION Name of Renovator/Inspector/Risk Assessor Conducting Inspection:								
	Name of Renovator/In	ispector/Risk Ass	sessor Conduct	ing inspection	•				
		1.00							
	Certification Number:_	E	xp. Date:	Date In	nspection Conducted:_				
	Certification Number:_ Test Method Used & M	Elanufacturer of Te	xp. Date: sting Equipmer	Date In	nspection Conducted:_				
V	Certification Number:_ Test Method Used & M For Paint Chip Analysis	Ianufacturer of Tes, Name of Labor	xp. Date: sting Equipmer	Date In	nspection Conducted:_				
v.	Certification Number:_ Test Method Used & M For Paint Chip Analysis GENERAL CONTRA	Ianufacturer of Test, Name of Laborators (Other)	xp. Date: sting Equipmer	Date In	nspection Conducted:_				
V.	Certification Number:_ Test Method Used & M. For Paint Chip Analysis GENERAL CONTRA Name of Firm: Windows	Ianufacturer of Tests, Name of Laborated (Other) Substitute USA	xp. Date:sting Equipmer	Date In	nspection Conducted:_				
V.	Certification Number:_ Test Method Used & M. For Paint Chip Analysis GENERAL CONTRA Name of Firm: Windows Firm Mailing Address:	Ianufacturer of Tes, Name of Labora  CTOR (Other)  S USA  PO Box 222, Roya	xp. Date:sting Equipmer atory:	Date Int: Date In	nspection Conducted:_ nation Number:				
V.	Certification Number:_ Test Method Used & M. For Paint Chip Analysis GENERAL CONTRA Name of Firm: Windows	Ianufacturer of Tes, Name of Labora  CTOR (Other)  S USA  PO Box 222, Roya	xp. Date:sting Equipmer atory:	Date Int: Date In	nspection Conducted:_				
V. VI.	Certification Number:_ Test Method Used & M. For Paint Chip Analysis  GENERAL CONTRA  Name of Firm: Windows  Firm Mailing Address: Contact Person: Christin  PROJECT DATES	Ianufacturer of Tess, Name of Laborates, Name (Other) is USA PO Box 222, Royane Walker	xp. Date:sting Equipmenatory:	Date Int: Certificate	ation Number:ber:(501)760-0292				
	Certification Number:_ Test Method Used & M. For Paint Chip Analysis  GENERAL CONTRA  Name of Firm: Windows Firm Mailing Address: Contact Person: Christin  PROJECT DATES Lead Project Start: 08	Ianufacturer of Tess, Name of Laborates, Name of La	xp. Date:sting Equipmentory:	Date Int: Certification  Telephone Num  Project Stop: 08	hspection Conducted:				
	Certification Number:_ Test Method Used & M. For Paint Chip Analysis  GENERAL CONTRA  Name of Firm: Windows  Firm Mailing Address: Contact Person: Christin  PROJECT DATES	Ianufacturer of Tess, Name of Laborates, Name of La	xp. Date:sting Equipment atory:	Certifica  Telephone Num  Project Stop: 08  Day (5 a.m. – 5	hspection Conducted:	5 p.m. – 8 p.			
	Certification Number:_ Test Method Used & M. For Paint Chip Analysis  GENERAL CONTRA  Name of Firm: Windows Firm Mailing Address: Contact Person: Christin  PROJECT DATES Lead Project Start: 08	Ianufacturer of Tess, Name of Laborates, Name of La	xp. Date:sting Equipment atory:	Certifica  Telephone Num  Project Stop: 08  Day (5 a.m. – 5	hspection Conducted:	5 p.m. – 8 p			
VI.	Certification Number:_ Test Method Used & M. For Paint Chip Analysis  GENERAL CONTRA  Name of Firm: Windows Firm Mailing Address: Contact Person: Christin  PROJECT DATES Lead Project Start: 08	Ianufacturer of Tess, Name of Laborates, Name of La	xp. Date:sting Equipmentory:  I, AR 71968  Lead g what time?	Date Int:  Certification  Celephone Num  Project Stop: 08  Day (5 a.m. – 3)  Night (8 p.m. – 3)	hspection Conducted:	5 p.m. – 8 p			
VI.	Certification Number:_ Test Method Used & M. For Paint Chip Analysis  GENERAL CONTRA  Name of Firm: Windows Firm Mailing Address: Contact Person: Christin  PROJECT DATES Lead Project Start: 08  Abatement/Renovation	Ianufacturer of Tess, Name of Laborates, Name of La	xp. Date:sting Equipment atory:	Date Int:  Certification  Celephone Num  Project Stop: 08  Day (5 a.m. – 3)  Night (8 p.m. – 3)	hispection Conducted:	5 p.m. – 8 p.			

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

Retro Fit Pocket Replacement of Existing Windows with New Vinyl Windows

	WASTE TRANSPORTER				
	Name: Gary Ogle				
	Full Mailing Address: 126 Cape Charles				
	City: Brandon				
	Contact: Gary Ogle	Telephone Number	: ( <u>601</u> ) <u>862-</u>	8033	
X.	WASTE LEAD DISPOSAL SITE				
	Site Name: Canton Sanitary Landfill				
	Physical Address: 303 Soldiers Colony I	Road			
	Full Mailing Address:City: Canton	State: MS	Zip Co	de: 39046	
XI.	DISPOSAL SITE FOR DEBRIS OTH		•		
Л1.	Site Name:				
	Physical Address:				
	Full Mailing Address:				
	City:				
	enj.				
			r: ( )		
	Contact Person:NOTE: All debris (other than lead) should g	Telephone Numbe	r: ()_ sh Site, or to	a permitted s	sanitary landfill.
XII.	Contact Person:	Telephone Numbe	er: () sh Site, or to	a permitted s	sanitary landfill.
XII.	Contact Person:NOTE: All debris (other than lead) should g	Telephone Number go to an authorized Rubbir atement project and shall be ance of work areas. At all the onsite or available by	sh Site, or to be onsite duri other times w	a permitted s ng all work si hen abatemer	sanitary landfill. te preparation and nt activities are
	Contact Person:  NOTE: All debris (other than lead) should statement  ABATEMENT  A certified supervisor is required for each about during the post-abatement cleanup and clears being conducted, the certified supervisor shall	Telephone Number go to an authorized Rubbir atement project and shall be ance of work areas. At all the onsite or available by	sh Site, or to be onsite duri other times w	a permitted s ng all work si hen abatemer	sanitary landfill. te preparation and nt activities are
	Contact Person:  NOTE: All debris (other than lead) should a  ABATEMENT  A certified supervisor is required for each abaduring the post-abatement cleanup and clearabeing conducted, the certified supervisor shall able to be present at the work site in no more	Telephone Number go to an authorized Rubbin atement project and shall be ance of work areas. At all the onsite or available by than 2 hours.  Ovation project and shall be tainment is being established ularly direct work being person to an authorized than 2 hours.	sh Site, or to be onsite duri other times w telephone, pa be physically p ed, and while erformed by	a permitted s ing all work sing when abatement ger, or answer	te preparation and tactivities are ring service, and the required signs k area cleaning is
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MAIL COPY TO: Mississippi Department of Environmental Quality

P.O. Box 2261, Jackson, MS 39225

**Lead Notifications** 

EMAIL TO: notifications@mdeq.ms.gov