

# Mississippi Office of Pollution Control

## Lead-Based Paint Abatement/Renovation Notification



720437

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	<b>Postmark (mail only)</b>	<b>Date Received</b> 10/29/2024	<b>AI Number</b>
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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:** 1966 Rollingwood Dr  
 City: Tupelo                      State: MS                      Zip Code: 38801                      County: Lee  
 Number of Units to be Abated/Renovated in the Building: replacing 10 windows

**II. BUILDING OWNER INFORMATION**

Mr./Mrs.: Patricia Trimble  
 Address of Owner: 1966 Rollingwood Dr                      City: Tupelo                      State: MS                      ZIP: 38801  
 Telephone Number: (662) 231-5852

**III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION**

**Name of Certified Lead Abatement/Renovator Firm:** Trey Barkley  
 Firm Certification Number: PBR-00011864   Telephone Number: (662) 598-5455   Exp. Date: 04/30/2025  
 Address of Certified Firm: 1158 CR 77  
 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: 10/29/2024  
 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: 11 / 14 / 2024                      Lead Project Stop: 11 / 14 / 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: Trey Barkley

Full Mailing Address: 1158 CR 77

City: New Albany State: MS Zip Code: 38652

Contact: Trey Barkley Telephone Number: (662) 598-5455

**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 Trey Barkley

Signature

Date 10/29/2024

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

Mailing Address: 1158 CR 77

City: New Albany State: MS Zip Code: 38652

Contact: Trey Barkley Telephone Number: (662) 598-5455

Email: trey.barkley@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