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





Emai	il Mail	Hand Deliv	ery Postmark (mail	only)	Date Received 11-21-2024	AI Nu	ımber	
Please c	heck all ap	plicable boxe	Renovation s for the type of Not	ification:	Original Revis	ion Cance	74 ellation Emergency	
Please	check if as	bestos notifi	cation was also su	bmitted for	this project:			
I.	PROJECT/SITE INFORMATION Target Housing: Child-Occupied Facility:							
			ect Site: 128 Carter S					
	City: Calh	oun City	State: MS	Zip (Code: 38916	County: Calh	oun	
			Abated/Renovated in					
II.		NG OWNEI Daisy Williams	R INFORMATION	1				
	Address of	f Owner: 128	Carter St	City: C	alhoun City	State: MS	S ZIP: 38916	
	Telephone	Number: (<u>66</u>	2)835-9624					
III.	ABATEN	ABATEMENT/RENOVATION CONTRACTOR INFORMATION						
	Name of Certified Lead Abatement/Renovator Firm: Gary Ogle							
	Firm Certification Number: PBR-00010175 Telephone Number: (662) 590-8440 Exp. Date: 12/19/2024							
	Address of Certified Firm: 126 Cape Charles							
	City: Bran		HHI	State: MS		Zip Code	39047	
137			DMATION	_ 5		Zip Code	·	
IV.	INSPECTION INFORMATION Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Michael Arender							
	Certification Number: PBR-00012789 Exp. Date: 05/07/2025 Date Inspection Conducted:							
	Test Method Used & Manufacturer of Testing Equipment:							
			is, Name of Labora	0 1 1		eation Numb	or:	
				юту	Certific	ation Numb	CI	
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: 12 /03 /2024 Lead Project Stop: 12 /03 /2024							
	Abatemen	t/Renovation	to be done during	what time? [■Day (5 a.m. – : Night (8 p.m. –		Evening (5 p.m. – 8 p.m. Weekend	
VII	DESCRI	TION OF	DDOCEDIIDES TA	DE HOEF		× :	_	
V 11.	☐ Wet Sa		PROCEDURES TO		Heat Gun	THAT AP.	PLY)] Encapsulation	

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: Michael Arender								
	Full Mailing Address: 54 Spears Rd								
	City: Yazoo City	State: MS	_ Zip Code: 39194						
	Contact: Michael Arender	Telephone Number: (662)590-8440						
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								
	Site Name:								
	Physical Address:								
	Full Mailing Address:								
	City:	State:	Zip Code:						
	Contact Person:NOTE: All debris (other than lead) should go t	_ Telephone Number:	()						
	NOTE: All debris (other than lead) should go t	o an authorized Rubbish	Site, or to a permitted sanitary landfill.						
XII.	ABATEMENT								
	A certified supervisor is required for each abaten during the post-abatement cleanup and clearance being conducted, the certified supervisor shall be able to be present at the work site in no more tha	e of work areas. At all oth onsite or available by tele	er times when abatement activities are						
XIII	RENOVATION								
	A certified renovator is required for each renoval are posted, while the required work area contains performed. The certified renovator must regular available either onsite or by telephone at all times	ment is being established, ly direct work being perf	and while required work area cleaning is ormed by other individuals and must be						
XIV.	CERTIFICATION OF ACCURACY								
	Print Michael Arender Signature Michael Munder Date 11/21/2024								
	Print Michael Arender Sign	nature !!!!!	Date 11/21/2024						
	Contact information for return mail or questions concerning the information on this Notice								
	Mailing Address: 54 Spears Rd								
	City: Yazoo City	State: MS							
			mber: (662)590-8440						
	Email: michael.arender@windowsusa.co	om							
Refer	to fee schedule to calculate required notificat	tion fee. Notification fe	e must be submitted with notification.						
MAII	L TO: Mississippi Department of Environme	ental Quality							

Lead Notifications

P.O. Box 2261, Jackson, MS 39225