

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

757168



<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received <b>3/07/2025</b>	AI Number
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**Project Type:**  Abatement    Renovation      **Date of Building Construction:** 1972  
**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:** 489 Porter Bayou Rd  
City: Shaw      State: MS      Zip Code: 38773      County: Bolivar  
Number of Units to be Abated/Renovated in the Building: replacing 16 windows

**II. BUILDING OWNER INFORMATION**

Mr./Mrs.: Nola Roncali  
Address of Owner: 489 Porter Bayou Rd      City: Shaw      State: MS      ZIP: 38773  
Telephone Number: (662) 347-0701

**III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION**

**Name of Certified Lead Abatement/Renovator Firm:** Gary Ogle  
Firm Certification Number: NBF-00000887      Telephone Number: (601) 862-8033      Exp. Date: 12/19/2025  
Address of Certified Firm: 126 Cape Charles  
City: Brandon      State: MS      Zip Code: 39047

**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: 03 / 18 / 2025      Lead Project Stop: 03 / 18 / 2025  
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)**

Like for Like Window Replacement

**IX. WASTE TRANSPORTER**

Name: Gary Ogle

Full Mailing Address: 126 Cape Charles

City: Brandon State: MS Zip Code: 39047

Contact: Gary Ogle Telephone Number: (601) 862-8033

**X. WASTE LEAD DISPOSAL SITE**

Site Name: Canton Sanitary Landfill

Physical Address: 303 Soldiers Colony Road

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.

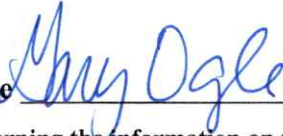
**XIII. RENOVATION**

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 Gary Ogle

Signature 

Date 03/07/2025

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

Mailing Address: 126 Cape Charles

City: Brandon State: MS Zip Code: 39047

Contact: Gary Ogle Telephone Number: (601) 862-8033

Email: gary.ogle@windowsusa.com

Refer to fee schedule to calculate required notification fee. Notification fee must be submitted with notification.

EMAIL TO: notifications@mdeq.ms.gov

MAIL COPY TO: **Mississippi Department of Environmental Quality  
Lead Notifications  
P.O. Box 2261, Jackson, MS 39225**