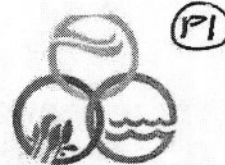


# Mississippi Office of Pollution Control Lead-Based Paint Abatement/Renovation Notification



MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 11-18-2022	AI Number
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Project Type:  Abatement  Renovation Date of Building Construction: \_\_\_\_\_  
 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: 1432 45<sup>th</sup> AVENUE (Single Family Resident)  
 City: Meridian State: MS Zip Code: 39301 County: Lauderdale  
 Number of Units to be Abated/Renovated in the Building: 1

## II. BUILDING OWNER INFORMATION

Mr./Mrs.: THOMAS LUCAS  
 Address of Owner: 6001 EAST LOS ANGELES AVE City: SOMIS State: CA ZIP: 93066  
 Telephone Number: (310) 525-8075

## III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: BELL ENVIRONMENTAL SERVICES LLC  
 Firm Certification Number: NBF-00000440 Telephone Number: (662) 820-2124 Exp. Date: 8/31/2023  
 Address of Certified Firm: P.O. BOX 133  
 City: Delta City State: MS Zip Code: 39061

## IV. INSPECTION INFORMATION

Name of Renovator/Inspector/Risk Assessor Conducting Inspection: M.D.E.Q.  
 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: THOMAS LUCAS CONTRACTOR  
 Firm Mailing Address: 6001 EAST LOS ANGELES AVE., SOMIS, CA 93066  
 Contact Person: THOMAS LUCAS Telephone Number: (310) 525-8075

## VI. PROJECT DATES

Lead Project Start: 11 / 11 / 2022 Lead Project Stop: 11 / 11 / 2022  
 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)

Wet Sanding  Component Removal  Heat Gun  Encapsulation  
 Containment  Strip and Removal  Negative Air  Enclosure  
 Other – Explain REMOVE DOOR AND COMPONENTS INTACT. WRAP/TAPE/TAG IN 6 MIL POLY/6 MIL BAGS.

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

IX. WASTE TRANSPORTER

Name: BELL ENVIRONMENTAL SERVICES, LLC.
Full Mailing Address: P.O. BOX 133
City: Delta City State: MS Zip Code: 39061
Contact: Jimmy Bell Telephone Number: (662) 820-2124

X. WASTE LEAD DISPOSAL SITE

Site Name: (BFI) Big River Landfill
Physical Address: 52 Landfill Rd.
Full Mailing Address: 52 Landfill Rd.
City: ICLAND State: MS Zip Code: 38756

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name: WASTE PYO
Physical Address: 200 BRAXTON AVE
Full Mailing Address:
City: Meridian State: MS Zip Code: 39301
Contact Person: Telephone Number: (601) 483-9777

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 Jimmy Bell Signature Jimmy Bell Date 11/11/2022
Contact information for return mail or questions concerning the information on this Notice
Mailing Address: P.O. BOX 133
City: Delta City State: MS Zip Code: 39061
Contact: Jimmy Bell Telephone Number: (662) 820-2124
Email: jbelldemolition@yahoo.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