

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

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MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 09/20/2024	AI Number
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Project Type:  Abatement  Renovation Date of Building Construction: 1960  
 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: 511 CYPRESS AVENUE  
 City: GREENWOOD State: MS Zip Code: 38930 County: LEFLORE  
 Number of Units to be Abated/Renovated in the Building: 1 SINGLE FAMILY 1 STORE RESIDENTIAL DWELLING

II. BUILDING OWNER INFORMATION

Mr./Mrs.: ROSA WASHINGTON  
 Address of Owner: 511 CYPRESS AVENUE City: GREENWOOD State: MS ZIP: 38930  
 Telephone Number: (662) 457-0002

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: BELL ENVIRONMENTAL SERVICES, LLC.  
 Firm Certification Number: PBF-00000440 Telephone Number: (662) 820-2124 Exp. Date: 8/31/25  
 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: EMILY ROUSH-ELLIOTT  
 Certification Number: PBI-00001389 Exp. Date: 4/19/24 Date Inspection Conducted: 7/12/23  
 Test Method Used & Manufacturer of Testing Equipment: SCRAP, BAG SAMPLES  
 For Paint Chip Analysis, Name of Laboratory: EMSL ANALYTICAL Certification Number: 100194  
BATON ROUGE, LA

V. GENERAL CONTRACTOR (Other)

Name of Firm: DELTA DESIGNS BUILD SOLUTIONS, INC.  
 Firm Mailing Address: 209 MAIN STREET, GREENWOOD, MS 38930  
 Contact Person: EMILY ROUSH-ELLIOTT Telephone Number: (662) 457-0002

VI. PROJECT DATES

Lead Project Start: 9 / 23 / 24 Lead Project Stop: 9 / 26 / 24  
 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 ENCLOSE WORK AREA, PLACE PAINTERS TAPE OVER AREA TO BE REMOVED,

WET AND CUT 36" X 55" SECTION OF PAINTED SIDING UNDER 2 WINDOWS WITH AC DAMAGE. CUT- AND REMOVE INTACT USING CIRCULAR SAW WITH A HEPA-VAC ATTACHMENT. WRAP TAPE AND TAG ALL MATERIALS.

VIII. DESCRIPTION OF RENOVATION ACTIVITIES TO BE COMPLETED (INCLUDING COMPONENTS TO BE AFFECTED) SEE SECTION VII 52

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: LEFLORE COUNTY LANDFILL  
Physical Address: 15200 HWY 49E SOUTH  
Full Mailing Address: 15200 HWY 49E SOUTH  
City: SIDON State: MS Zip Code: 38954

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name: LEFLORE COUNTY LANDFILL  
Physical Address: 15200 HWY 49E SOUTH  
Full Mailing Address: 15200 HWY 49E SOUTH  
City: SIDON State: MS Zip Code: 38954  
Contact Person: MABEL BROWN Telephone Number: (662) 455-7760

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 9/20/24  
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.

EMAIL TO: [notifications@mdeq.ms.gov](mailto:notifications@mdeq.ms.gov) MAIL COPY TO: Mississippi Department of Environmental Quality  
Lead Notifications  
P.O. Box 2261, Jackson, MS 39225