REV

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





	Q Use Only:	Postmark (mail only)	Date Received			
⊠ En	ali Maii Mand Belivery	- dotties a (next unit)		AJ Number 70371		
U			9/25/2024	70371		
Proje	ct Type: Abatement	Renovation Date o	f Building Constructi	on: Early 1960's		
Please	check all applicable boxes for	the type of Notification:	Original WRevision	Cancellation Emergency		
Please	check if asbestos notification	on was also submitted for	this project:	(soperal (g)		
<u>H</u> .	PROJECT/SITE INFOR					
	Target Housing: Child-Occupied Facility:					
	Physical Address Project Site: Park Hill Village East High Rise, 1626 Lock ridge St.					
	City: Tupelo State: ms Zip Code: 38804 County: Lee					
	Number of Units to be Abated/Renovated in the Building: 12 units 1900 st. porches / stairs Railing					
N. H.	BUILDING OWNER IN		×			
	Mr./Mrs.: Tupelo Housing Authority					
	Address of Owner: 701 South Caval Street City: Tupelo State: ms ZIP: 38804					
	Telephone Number: (662) 842-5122 EX+, 2002					
III.	ABATEMENT/RENOVATION CONTRACTOR INFORMATION					
	Name of Certified Lead Abatement/Renovator Firm: ISEU Environmental Services, LLC					
	Firm Certification Number: NGF-00000446 Telephone Number: (462) 820-2124 Exp. Date: 8/31/2024					
	Address of Certified Firm: P.O. GOX 133					
	City: DELFA City	State: m	S Zi	p Code: 39061		
- IV.	Inspection information ,					
	Name of Renovator/Inspector/Risk Assessor Conducting Inspection: Lamar Gilliand					
	Certification Number: PBT-0606 2741 Exp. Date: 6/30/24 Date Inspection Conducted: 2/6/2024					
	Test Method Used & Manufacturer of Testing Equipment: Rame Afonic Absorption					
	For Paint Chip Analysis, Name of Laboratory: EMSL Certification Number: #12314419-0001					
V_{\bullet}	GENERAL CONTRACTO	OR (Other)	5 080 77			
	Name of Firm: Hooker Construction, INC.					
	Firm Mailing Address: P.O.BOX & Thaxton, ms 3887(
	Contact Person: Advis			668) 231-5091		
VI.	PROJECT DATES		7			
	Lead Project Start: // /		3.0 1.1 - C. 11 - 3.0 - 13.1 - 3.1 -			
	Abatement/Renovation to be done during what time? Day (5 a.m 5 p.m.) Evening (5 p.m 8 p.m.					
			\square Night (8 p.m. – 5 a.1	n.) [Weekend		
VII.	DESCRIPTION OF PROC	DESCRIPTION OF PROCEDURES TO BE USED (CHECK ALL THAT APPLY)				
λ.		Component Removal		Encapsulation		
	UContainment :	Strip and Removal	☐ Negative Air	Enclosure		
	Other - Explain Wrap	in buil poly, Rem	IVE WHACH, TAG	PLACE IN CILLER		
	Dung	KLEV MOVKEL IENT.	7 - 7			

AT	COMPONENTS TO BE AFFECTED:				
	COMPONENTS TO BE AFFECTED) See Section I				
īX.	WASTE TRANSPORTER				
	Name: Construction waste management, INC.				
	Full Mailing Address: P.O. Box 2489				
	City Make 1				
	210 (ARE 70 60)				
W.F	1 elephone Number: (<u>663</u>) 5/3. 9999				
X.	WASTE LEAD DISPOSAL SITE				
	Site Name: Three River Reginal Landfill				
	Physical Address: 1904 PAYKWAY WEST				
	Full Mailing Address:				
	City: Poutotoc State: MS Zip Code: 36863				
XI.	DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD				
	Site Name: Three River Region LANGETL				
	Dissolated Address - 1864				
	Full Mailing Address:				
	City: PONTOTUE State: MS Zip Code: 38863				
	Contact Person: Alicin Chism Telephone Number: (662) 488 - 0444				
	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.				
	CERTIFICATION OF ACCURACY				
	I certify that all of the above information is correct.				
	Print Jimmy Bell Signature Jim Bell Date 9/25/24				
	Contact information for return mali or questions concerning the information on this Notice				
	Mailing Address: P.O. BOX 133				
	City: Della city State: ms Zip Code: 39061				
4	Contact: Timmy Bell Telephone Number: (662) 820-2124				
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Refer to fee schedule to calculate required notification fee. Notification fee must be submitted with notification.

EMAIL TO: notifications@mdeq.ms.gov

Email: jbell demolition @ yahoo. com

MAIL COPY TO: Mississippi Department of Environmental Quality Lead Notifications

P.O. Box 2261, Jackson, MS 39225