

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 3/09/2025	AI Number 88251
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Project Type: Abatement Renovation Date of Building Construction: 1963
 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: 608 LINDEN AVE
 City: GREENWOOD State: MS Zip Code: 38930 County: LEFLORE
 Number of Units to be Abated/Renovated in the Building: 1 SINGLE FAMILY RESIDENTIAL DWELLING

II. BUILDING OWNER INFORMATION

Mr./Mrs.: VICTORIA WASHINGTON
 Address of Owner: 608 LINDEN AVE. City: GREENWOOD State: MS ZIP: 38930
 Telephone Number: (662) 458-4854

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: BELL ENVIRONMENTAL SERVICES, LLC
 Firm Certification Number: PIBF-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: PIBF-000011389 Exp. Date: 7/19/24 Date Inspection Conducted: 7/12/23
 Test Method Used & Manufacturer of Testing Equipment: ^{3/30/2025} SCRAP, BA9 SAMPLES
 For Paint Chip Analysis, Name of Laboratory: EMSL ANALYTICAL Certification Number: 100194
INC, BATON ROUGE, LA

V. GENERAL CONTRACTOR (Other)

Name of Firm: DELTA DESIGN BUILDING 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: 3/17/25 Lead Project Stop: 3/19/25
 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

TWO BATHROOMS INSIDE HOME CONTAINS LEAD ON EACH BATH TUBS. PLAN TO PLACE EACH BATH ROOMS under containment with 6 mil poly PLACE NEG-AIR UNIT. PLACE EXHAUST OUT BATHROOM WINDOW. WRAP TUBS IN 6 mil poly, TAPE DISCONNECT PIPES. AND REMOVE BOTH TUBS IN TACT. PLACE INTO LINED DUMPSTER. HEPA-VAC AREA, WIPE & CLEAN, AWAIT AREA TESTING.

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

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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: LEFLOVE 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: LEFLOVE 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 3/9/25

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