

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 9/6/2024	AI Number 70371
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Project Type: Abatement Renovation Date of Building Construction: Early 1960's
 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: Park Hill Village East High Rise 1626 Lockridge St.
 City: Tupelo State: ms Zip Code: 38804 County: LEE
 Number of Units to be Abated/Renovated in the Building: 12 units 1900 sq. porches/stairs railing

II. BUILDING OWNER INFORMATION

Mr./Mrs.: Tupelo Housing Authority
 Address of Owner: 701 South Canal Street City: Tupelo State: ms ZIP: 38804
 Telephone Number: (662) 842-5122 Ext. 2002

III. ABATEMENT/RENOVATION CONTRACTOR INFORMATION

Name of Certified Lead Abatement/Renovator Firm: BELL ENVIRONMENTAL SERVICES, LLC
 Firm Certification Number: NBF-00000446 Telephone Number: (662) 820-2124 Exp. Date: 8/31/2024
 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: Lamar Gilliland
 Certification Number: PBI-00002741 Exp. Date: 6/30/24 Date Inspection Conducted: 2/6/2024
 Test Method Used & Manufacturer of Testing Equipment: RAMC ATOMIC ABSORPTION
 For Paint Chip Analysis, Name of Laboratory: EMSL Certification Number: 412314419-0001
CINNAMINSON, NJ 08071

V. GENERAL CONTRACTOR (Other)

Name of Firm: HOOKER CONSTRUCTION, INC.
 Firm Mailing Address: P.O. BOX 8 THAXTON, MS 38871
 Contact Person: Advin Porter Telephone Number: (662) 231-5091

VI. PROJECT DATES

Lead Project Start: 9/18/24 Lead Project Stop: 10/18/24
 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 wrap in 6 mil poly, remove intact, tag place in lined dumpster marked LEAD.

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

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IX. WASTE TRANSPORTER

Name: Construction Waste Management, Inc.
Full Mailing Address: P.O. Box 2489
City: Oxford State: MS Zip Code: 38658
Contact: Toni Spencer Telephone Number: (662) 513-7999

X. WASTE LEAD DISPOSAL SITE

Site Name: Three River Regional Landfill
Physical Address: 1904 Parkway West
Full Mailing Address:
City: Pontotoc State: MS Zip Code: 38863

XI. DISPOSAL SITE FOR DEBRIS OTHER THAN LEAD

Site Name: Three River Regional Landfill
Physical Address: 1904 Parkway West
Full Mailing Address:
City: Pontotoc State: MS Zip Code: 38863
Contact Person: Alicia 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.

XIV. CERTIFICATION OF ACCURACY

I certify that all of the above information is correct.

Print Jimmy Bell Signature Jimmy Bell Date 9/6/24

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