## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: XEmail □Mail □Hand Delivery	Postmark (mail only)	Date Received 07-12-202	3 Al Number 70371		
I. Type of Notification (O=Original R=Revised	C=Canceled A= Annual): O	= OrigiNAC			
II. TYPE OF OPERATION (D=Demo O= Order			REWURTIUMS		
III. FACILITY DESCRIPTION (Include building I					
Bidg. Name: South CANAL Subd.	'ui's.'ow				
Address: 701 South CANAL STYE	¢+				
City: Tupslo	State: m5	Zip: 3	8801		
Site Location: 1712 Forbes Street, Tupelo, ms		Tel: 6	Tel: 662.4/6-34/8		
Building Size: LOD S.T.	# of Floors: 2	Age in Y	Age in Years:		
Present Use: UNLANT FOY REPAIR	S Prior Use: S	ingle family	family Dwelling		
IV. FACILITY INFORMATION (Identify owner, a	sbestos removal contractor, and of	her operator)			
OWNER NAME: Tupelo Housia					
Address: 701 South CANI		- 2	C.C		
			Zip: 38801		
Contact: Tabith A Smith Tel: 62-842-5722 Ext, 2002 ASBESTOS REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SETUICES, LLC					
		3610/615,226			
	10, BOX 133				
City: Delta City	State: m \$		zip: 39041		
Contact: Jimmy Bell		1	Tel: 662-820-2124		
Certification Number: ABC-0000		Expiration Date:	1/5/2024		
OTHER OPERATOR: PACE + SOL	is construction, INC.				
Address: 374 Cr - 700					
City: Booneville	State: m5		Zip: 38829		
Contact: Clayton PACE			62 - 416 - 3418		
V. WAS SITE INSPECTED TO DETERMINE PR	ESENCE OF ASBESTOS? (Yes/N	1			
WAS ASBESTOS PRESENT? (Yes/No): Yo		Inspection Date:			
Inspector: William J. Young VI. SUSPECT MATERIALS SAMPLED AND PR SAMPLES TAKEN From! She Kitchen Sink Bottom, Wind Materials tested using The	etruck walls, Ceiling low materials. Shippe PLM method	THE PRESENCE OF I	UN, RUNT MATORIALS FLOOR TILE,		
VII. QUANTITY OF RACM TO BE REMOVED:			Astic (Nontriable)		
	Surface Area (SQ FT): 600 S.F		Facility Components (CU FT):		
		volume of r	asing components (5511).		
Category I:  IX. SCHEDULED DATES ASBESTOS REMOVA	-/	1-	omplete: 8/2/23		
X. SCHEDULED DATES DEMO/RENOVATION	212		omplete: 9/29/23		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENO	VATION BLOOM AND BUTTLE		<u> </u>
WET METHOD, CONTAINMENT, NEA-A	thing upon, And meinc	DU(5) TO BE USED: ENDEPONDENT AIR MONITHING /AIR	_
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEER DEMOLITION OR RENOVATION SITE: OVER 1.14.	RING CONTROLS TO BE US	ED TO PREVENT ENTISSIONS OF ASSESTOR	T THE
DEMOLITION OR RENOVATION SITE: PYEP 3.45, VENTS. WET REMOVE. DOUBLE B49, DY	Signs, 6 mil poly	over windows and Doors, Riv	' INE
VENTS. WET REMOVE. Double BA9, DY PLACE ALL BA9S iNTO LINES TYRILEY DUMP	With TAPP CLOS	E. REMOVE MASHE, Solidize, Dol A-VAL. Cleav, Await Air NEADOL	ible cog,
XIII. WASTE TRANSPORTER #1	Ker	, , , , , , , , , , , , , , , , , , ,	
Name: Bell Emuiyonmental Se	evvices, LLC		<del></del>
Address: P.O. BOX 133			
City: Delta city	State: MS	Zip: 39061	<del></del>
Contact Person: Timmy Bell	Otate, 7-7 3	Tel: 642-820-2124	<del></del>
WASTE TRANSPORTER#2 W/M		Ter: 662-820-2:27	
Name:			
Address:			
City:	State:	7	·····
Contact Person:	J Side.	Zip:	·····
XIV. WASTE DISPOSAL SITE		Tel:	
Name: Three River Landfill			
Address: 1904 poutotoc PANKWAY W	. March		
City: Postato		7 200/ 5	
Contact Person: 662 468 - 5444	State: 775	Zip: 38863	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	CV DI EASE IDENTIEV THE		
Name:	Title:	ADEMO PELON: 10/M	
Authority:	( 1100:		
Date of Order (MM/DD/YY):	Date Ordered to	Begin (MM/DD/YY):	
XVI. FOR EMERGENCY RENOVATIONS: N/A	Date Ordered (C	Begin (Minimoury Y):	
Date and Hour of Emergency (MM/DD/YY):			
Description of the sudden unexpected event:			
			į
Explanation of how the event caused unsafe conditions or would	I cause equipment damage or	an unreasonable financial burden:	
	•	•	
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED II	N THE EVENT THAT UNEXPE	CTED ASBESTOS IS FOUND OR PREVIOUSL	Y
nonfriable astestos material becomes crumble Stop work, Country Neq-By, Co	D, PULVERIZED, OR REDUC WAR IMMENT. CONTA	ed to powder: ect owner/MDFQ at Chrono	٠,
SENA IN DEQ REVISED NOTIFICATION.		7 20 4 0	
KVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PRO	OVISIONS OF THIS REGULA	NON (40 CFR PART 61, SUBPART M) WILL BE	
onsite during the demolition or renovation, and This person will be available for inspection duri	EVIDENCE THAT THE REQU	IRED TRAINING HAS BEEN ACCOMPLISHED	BY
Timmy BELL Type or Print Name	Jing Bell	7/13/23	- !
<i>"</i>	(Signature of Owner/Operator)	(Date)	
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRE	CT: Oim Be	U 7/13/23	
	(Signature of Owner/Operator)		-
	(-and-on-onenchester)	(Date)	

