

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM MAP ①

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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 07-12-2023	AI Number 70371
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O = ORIGINAL</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R = RENOVATION</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>South CANAL subdivision</b>				
Address: <b>701 South CANAL STREET</b>				
City: <b>Tupelo</b>		State: <b>MS</b>	Zip: <b>38801</b>	
Site Location: <b>1630 Lockridge Street</b>			Tel: <b>662-416-3418</b>	
Building Size: <b>1,100 SF</b>		# of Floors: <b>2</b>	Age in Years: <b>40+</b>	
Present Use: <b>VACANT FOR REPAIRS</b>		Prior Use: <b>SINGLE FAMILY 3 bedroom Dwelling</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Tupelo Housing Authority</b>				
Address: <b>701 South CANAL STREET</b>				
City: <b>Tupelo</b>		State: <b>MS</b>	Zip: <b>38801</b>	
Contact: <b>Tabitha Smith</b>		Tel: <b>662-842-5122-ext. 2002</b>		
ASBESTOS REMOVAL CONTRACTOR: <b>BELL ENVIRONMENTAL SERVICES, LLC</b>				
Address: <b>P.O. BOX 133</b>				
City: <b>Delta City</b>		State: <b>MS</b>	Zip: <b>39061</b>	
Contact: <b>Jimmy Bell</b>		Tel: <b>662-820-2124</b>		
Certification Number: <b>ABC-00001282</b>		Expiration Date: <b>1/5/2024</b>		
OTHER OPERATOR: <b>PAGE &amp; SONS CONSTRUCTION, INC.</b>				
Address: <b>374 CR-7000</b>				
City: <b>Buonville</b>		State: <b>MS</b>	Zip: <b>38829</b>	
Contact: <b>Clayton Page</b>		Tel: <b>662-416-3418</b>		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>YES</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>YES</b>		Inspection Date: <b>Aug. 19, 2011</b>		
Inspector: <b>William J. Young</b>		Certification Number: <b>ABZ-00001688</b>	Expiration Date: <b>9/24/2011</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>SAMPLES TAKEN FROM: SHEETROCK WALLS, CEILING TILE, FLOOR TILE/MASTIC, INSULATION, ROOFING MATERIALS, WINDOW MATERIALS, KITCHEN SINK BOTTOM. ALL MATERIALS SHIPPED TO C.A. LABS, INC., BATON ROUGE, LA. TESTED USING THE PLM METHOD</b> <b>FLOOR TILE/MASTIC CONTAINS ASBESTOS</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>1,100 SF FLOOR TILE/MASTIC FIRST + SECOND FLOOR</b>				
Pipes (LN FT): <b>0</b>	Surface Area (SQ FT): <b>1,100 SF</b>		Volume of Facility Components (CU FT): <b>0</b>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <b>0</b>				
Category I: <input checked="" type="checkbox"/>		Category II: <input type="checkbox"/>		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>8/3/23</b>		Complete: <b>8/7/23</b>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>8/8/23</b>		Complete: <b>11/20/23</b>		

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XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
WET METHOD, CONTAINMENT, NEG-AIR, D-CON UNIT, INDEPENDENT AIR MONITORING/AIR -  
CLEARANCE, DOUBLE BAG.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE  
DEMOLITION OR RENOVATION SITE: PREP SITE, SIGNS, 6 MIL POLY OVER WINDOWS AND DOORS, AIR  
VENTS. WET REMOVE. DOUBLE BAG, DYP TA9, TAPE CLOSE. REMOVE MASTIC, SOLIDIZE, DOUBLE BAG.  
PLACE ALL BAGS INTO LINED TRAILER DUMP WITH TARP. HEPA-VAC, CLEAN, AWAIT AIR CLEARANCE.

XIII. WASTE TRANSPORTER #1

Name: BELL ENVIRONMENTAL SERVICES, LLC  
Address: P.O. BOX 133  
City: DELTA CITY State: MS Zip: 39061  
Contact Person: JIMMY BELL Tel: 662-820-2124

WASTE TRANSPORTER #2 N/A

Name:  
Address:  
City: State: Zip:  
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: THREE RIVER LANDFILL  
Address: 1904 PONTOTOC PARKWAY WEST  
City: PONTOTOC State: MS Zip: 38863  
Contact Person: 662 488 - 0444 Tel: 662 488 - 0444

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: N/A

Name: Title:  
Authority:  
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY):  
Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY  
NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  
STOP WORK, CONTINUE NEG-AIR, CONTAINMENT, CONTACT OWNER/MDEQ OF CHANGE,  
SEND MDEQ REVISED NOTIFICATION.

XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE  
ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY  
THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

Jimmy Bell (Type or Print Name) Jimmy Bell (Signature of Owner/Operator) 7/13/23 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell (Type or Print Name) Jimmy Bell (Signature of Owner/Operator) 7/13/23 (Date)