MAP (S)

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: Postmark (mail XEmail ☐Mail ☐Hand Delivery	I only) Date	Received 3. 6. 2023 Al Number 703 71			
1. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O = Original C=Canceled A= Annual):					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R= Repovation S					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):					
Bldg. Name: South CANAL Subdivision					
Address: 701 South CANAL Street					
City: Tubelo,	State: m5	zip: 38801			
Site Location: 1631 Lockridge #1		Tel: 662-416-3418			
Building Size: 1/60 5+	# of Floors: 2	Age in Years: 40 +			
Present Use: VARANT FOY REPAIRS					
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)					
OWNER NAME: Tupelo Housing Authority					
Address: 701 South CANAL STREET					
City: Tupélo.					
Contact: TAbitha Smith		Tel: 662.842-5/22 £xt. 2002			
ASBESTOS REMOVAL CONTRACTOR: BELL ZNUITON MENTAL SERVICES, LLC.					
Address: P.O. Box 133					
City: DEL+A Lity	State: M5	Zip: 39061			
Contact: Jim my BELL		Tel: 642-820-2124			
		ion Date: 1/5/2024			
OTHER OPERATOR: PACE + Sous Construction, INC.					
Address: 374 CR - 7000					
City: BOONEVILLE	State: M5	Zip: 38824			
Contact: CLAY TON PACE	Tel: 662 486 - 3418				
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):					
WAS ASBESTOS PRESENT? (Yes/No): YES		pection Date: Aug/.19-23/2011 -			
Inspector: William J. Young Certification Number: ABI = 0000/688 Expiration Date: 9/24/2011					
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: SAMPLES COLLECTED From: Walls, window CAULKIN, CEILING TILE, FLOOR TILE/MASTIC, ROOFING					
MATERIALS, ATT C INSULATION. AND FOUNT TO C.A. LABS., INC., BATON ROUGE, LA					
All Tested using the PLM method (Asbestos Containing Nuntriable Floor Tile/MASTIC Only)					
VII. QUANTITY OF RACM TO BE REMOVED: Floor Tile Mastic 1100 S.F.					
Flo					
	(SQ FT): 1/100	Volume of Facility Components (CU FT):			
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:					
Category I: Category II: CATEGORY II: Category II: CATEGORY II: CATEGORY II: CATEGORY II: CATEGORY II: 8/20/23					
IX. SCHEDULED DATES ASSESTED REMOVAL (MINIDOTT) OUT.					
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/21/23 Complete: /2/15/23					

TO BE USED.					
XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: (REPLACE UP STAIRS BEDVOOM FLOOVS).) WEY METHOD, CONTAINMENT, NEG-AIV.					
Independent Air monitoring / Air cle	AMAN CE.		OF ASPESTOS AT THE		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERII	NG CONTROLS TO BE US	ED TO PREVENT EMISSIONS	doms + Doors.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING DEMOLITION OR RENOVATION SITE: PYPP WOYK	re - Double Mi	14. Drup TATI TO	APE BAAS.		
WET AND REMOVE USING SPUT BAY LUADING LINES DUMP TRAILEY, TAY	P. TAKE TO APPL	OUEL LANDENCE, AWA	it Air CLEAVANCE		
XIII. WASTE TRANSPORTER #1					
Name: BELL ZHULTOWMENTAL SCTVICE	5.46<-				
2 - 2 - 122					
45	State: MS	Zip: 39041	<u>,</u>		
•		Tel: 462-820-8	124		
Contact Person. Jimmy Bell					
WASTE TRANSPORTER #2 N/A					
Name:					
Address:	Cloto	Zip:			
City:	State:	Tel:			
Contact Person:		I teli			
XIV. WASTE DISPOSAL SITE					
Name: Letlore County LANGFILL			ر المنظم الم المنظم المنظم		
Address: 15200 Hwy 49 E, South		35064			
City: Sidow	State: m S	Zip: 38954	de ()		
Tel: 662 455 - 7760					
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: N/A					
Title:					
Name:					
Authority: Date Ordered to Begin (MM/DD/YY):					
Date of Order (MM/DD/YY):					
XVI. FOR EMERGENCY REMOVATIONS.					
Date and Hour of Emergency (MM/DD/YY): Description of the sudden unexpected event: Description of the sudden unexpected event: Description of the sudden unexpected event: Description of the sudden					
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:					
. 1-11					
TOTAL DE PROCEDIDES TO BE FOI I OWEL	IN THE EVENT THAT UN	EXPECTED ASBESTOS IS FO	OUND OR PREVIOUSLY		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: STOP WORK, CONTACT OWNEY DOM: Change, Contact MDER. Follow MDER Directions					
STOP WORK, CONTACT DUNCY DURY GHANGE!					
	THE PER	TH ATION (40 CFR PART 61.	SUBPART M) WILL BE		
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 ONSITE DURING THE DEMOLITION OF RENOVATION DURING NORMAL BUSINESS HOURS.					
ONSITE DURING THE DEMOLITION OR RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DI	JRING MORMAL BUSINES	O . A A	8/7/23		
Type or Print Name	(Signalate of Owner/Operal	"Sell	(Date)		
) · · ·		····	•		
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: 8/7/23					
Jimmi Bell	(Signature of Owner/Opera	tor)	(Date)		
Type or Print Name	leiguage or current above				