REV 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 (n XEmail □Mail □Hand Delivery	nail only)	Date Received 08-29-2		Al Number	0371	
I. Type of Notification (O=Original R=Revised C=Canceled	A= Annual):	_ R= 1	Revised		- Holiday	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=F		enovation): R	= RENOL	intions		
III. FACILITY DESCRIPTION (Include building name, number						
Bldg. Name: South CANAL STYEET Subdi	vision					
Address: 701 South CANAL STREET			X - 1/2 - 1/			
city: Tupelo	State: m5	Zip:	Zip: 38801			
Site Location: 1614 Green Street unit	1 2 nd Floor	Tel:	Tel: 662-4/6-34/8			
Building Size: 900 5,7,	# of Floors: 2	Agei	Age in Years: 40+			
Present Use: VACANT FOR REPAIRS Prior Use: Single Family 2 bedroom unit						
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)						
OWNERNAME: Tupelo Housing Auth Address: 701 South CANAL Street					e) =====	
City: Tupelo	State: M5	Zin:	38801			
Contact: TAbitha Smith			Tel: 662 - 842 - 5/22 - 2xt. 2002			
ASBESTOS REMOVAL CONTRACTOR: BELL ENVIYONMENTAL SETVICES, LLE.						
Address: P.O. BOX I				4 - 1		
City: DELTA City State: MS		Zip:	Zip: 39061			
Contact: Jimmy Bell		Tel:	662-820	5-2124		
Certification Number: #BC - 00001282 Expiration Date: 1/5/2024					The second secon	
OTHER OPERATOR: DACE & SONS CO	ustruction, 2	ENE.	•			
Address: 374 CR - 7000				1		
City: BUONEVILLE	State: m5	Zip:	Zip: 388 29			
Contact: CLAYTON PACE		Tel:	Tel: 642 416 3418			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES						
WAS ASBESTOS PRESENT? (Yes/No): Y63		Inspection Date	1	19, 2011		
Inspector: William J, Young Certification Number: ABT-0000/688 Expiration Date: 9/24/2011 VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 5 Amples Taken From: WALLS, Coiling, Attic Insulation, Roof Materials, Windows						
LA And Tested using The PLM method						
Th	IE Floor Tile	- CONTAIN	s ASbes	tos (up	stairs only)	
VII. QUANTITY OF RACM TO BE REMOVED: 400 ST. Floor Tile Located in upstairs Bedrooms And Bathroom.						
Pipes (LN FT): 😝 Surface Area	(SQFT): 400	S.F. Volume	of Facility Co	mponents (CL	IFT): &	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMO	VED: O					
Category I: Category II:						
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/13/23 Complete: 9/14/23						
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/16/	23	Complete:	12/16	123	

			4 1997				
XI. DESCRIPTION OF PLANNED DEMOLITION OR REN WET METHOD, CONTRINMENT, NEG-AS DOUBLE BAY, TAPE, DYOP TAY	OVATION WORK, AND MET	HOD(S) TO BE USED:	AVANCE				
METHOD. CONTRIUMENT, NEG-A.	Y, INDEPENDENT	the modernous may have con-	*///200				
WET Double BAY, TAPE, DYOP TAY	EDING CONTROLS TO BE	USED TO PREVENT EMISSIONS OF	ASBESTOS AT THE				
XII. DESCRIPTION OF WORK PRACTICES AND ENGINE DEMOLITION OR RENOVATION SITE: PLACE S DOUBLE BAY, CLEAN UP, HEPA-VAC	ions, Remove Kil	K Boards, Wet, REMOU	E intact,				
Truble BAR CLEAN UP, HEPA-VAC	For Fiber-Loc,	AWAIT AIR CLEAVANCE.					
Place Bags into Lived Trailer	Dump, TAYP, HA	ul to State Approved LA	nd F.C.				
XIII. WASTE TRANSPORTER #1		× .					
Name: Bell 2 wuiron mental Ser	ricës, ZLC.						
Address: P.O. BOX 133	T	Zip: 39061					
City: Delta City	State: M5	THE RESERVE OF THE PROPERTY OF	24				
Contact Person: Timmy Bell	ontact Person. Jimmy Bell Tel: 46 Z-820-2124						
WASTE TRANSPORTER #2 N/A							
Name:							
Address:	Chatar	Zip:					
City:	State:	Tel:					
Contact Person:		1161.					
XIV. WASTE DISPOSAL SITE	£ to the second						
Name: LENOYE. County LANGEL							
was the way 49 & south	3						
	State: m5	Zip: 38954					
City: Siclow	- Carto.	Tel: 662-455-647	17				
Contact Person: MABEL BYOWN							
XV. IF DEMOLITION ORDERED BY A GOVERNMENT A	GENCY, PLEASE IDENTIFY	THE AGENCY BELOW: 1-7/F					
lame:							
Authority: Date Ordered to Begin (MM/DD/YY):							
Date of Order (MM/DD/YY):							
XVI. FOR EMERGENCY RENOVATIONS: N/A		The second secon					
Date and Hour of Emergency (MM/DD/YY):	The state of the s						
Description of the sudden unexpected event:		8					
Explanation of how the event caused unsafe conditions o	r would cause equipment dan	nage or an unreasonable financial bur	den.				
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLO	WED IN THE EVENT THAT	UNEXPECTED ASBESTOS IS FOUN	ID OR PREVIOUSLY				
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLO NONFRIABLE ASTESTOS MATERIAL BECOMES CRU	IMBLED, PULVERIZED, OR	REDUCED TO POWDER:	act owner!				
WET EVERYThing DOWN, CONTINUE	CONTAIN MENT, NOG	MARA PEVISED IN MAN	Notification >				
NONFRIABLE ASTESTOS MATERIAL BECOMES CRI WET EVERY Thing DOWN, CONTINUE MDEQ OF CHAPP, AWAIT MDEQ	Directions. Seva	M De Q Revised 10 day					
		CITY OF THE PARTY OF CITY	DOADT IN BUILDE				
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN TO ONSITE DURING THE DEMOLITION OR RENOVATION OF THE DEMOLITION OF THE PROPERTY.	N, AND EVIDENCE THAT TH	IE REQUIRED TRAINING HAS BEE! IESS HOURS.	A MODOMIL MOTION				
ONSITE DURING THE DEMOLITION OR RENOVATION THIS PERSON WILL BE AVAILABLE FOR INSPECTION	IN DURING MURINAL BOSIN	10	8/30/2023				
Type or Print Name	Signature of Owner/Op	erator)	8/30/2023 (Date)				
1		8 2					
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS	CORRECT:(),	RUL	8/30/2023				
Jim my BELL	Tim my RELL						
Type or Print Name	(Signalure of Owner/Op	PEIBIUT)					