

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM (P1)

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

MDEQ Use Only: ☒ Email ☐ Mail ☐ Hand Delivery		Postmark (mail only)	Date Received 6/09/2025	Alt Number 70371
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O = original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R = RENOVATIONS				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Tupelo Housing Authority, (PARK HILL EAST SUBDIVISION)				
Address: 701 SOUTH CANAL STREET				
City: Tupelo	State: MS	Zip: 38801		
Site Location: 1612 MADISON STREET, TUPELO, MS		Tel: 662-842-5122 EXT. 2002		
Building Size: 950 SF.	# of Floors: 2	Age in Years: 40+		
Present Use: VACANT FOR REPAIRS		Prior Use: SINGLE FAMILY DWELLING		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Tupelo Housing Authority				
Address: 701 SOUTH CANAL STREET				
City: Tupelo	State: MS	Zip: 38801		
Contact: TABITHA SMITH		Tel: 662-842-5122 EXT. 2002		
ASBESTOS REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SERVICES, LLC.				
Address: P.O. BOX 133				
City: DELTA CITY	State: MS	Zip: 39061		
Contact: JIMMY BELL		Tel: 662-820-2124		
Certification Number: ABC-00001282		Expiration Date: 12/6/25		
OTHER OPERATOR: PACE & SONS CONTRACTORS, INC.				
Address: 374 CR-7000				
City: BOONEVILLE	State: MS	Zip: 38829		
Contact: CLAYTON PACE		Tel: 662-416-3418		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: AUG. 19 - 26 / 2011		
Inspector: WILLIAM J. YOUNG	Certification Number: ABI-00001688	Expiration Date: 9/24/11		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: SAMPLES WERE TAKEN FROM: WALLS, CEILINGS, ROOF MATERIALS, WINDOWS/DOORS CAULKING, - ATTIC INSULATION, PIPE INSULATION, FLOOR TILE AND MASTIC. ALL SAMPLES WERE PROCESSED AND - SHIPPED TO CA LABS, INC, BATON ROUGE, LA TO BE TESTED USING THE PLM METHOD				
RESULTS: ASBESTOS FLOOR TILE/MASTIC ON FIRST + SECOND FLOOR THUR OUT. / CEILING TILE ON 2ND FLOOR ONLY.				
VII. QUANTITY OF RACM TO BE REMOVED: 860 SF. FLOOR TILE/MASTIC THUR OUT 1ST + 2ND FLOOR - CEILING TILE THUR OUT 2ND FLOOR ONLY				
Pipes (LN FT): 0	Surface Area (SQ FT): 1,290 SF	Volume of Facility Components (CU FT): 0		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0				
Category I: 1 6/24/25		Category II: 6/28/25		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/24/25		Complete: 6/28/25		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6/29/25		Complete: 9/29/25		

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XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS TO BE USED:
Wet Method, Containment, NEQ-Air, O-con unit, Independent Air Monitoring.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: prep site, 6 mil poly over windows, stairway, vents. Place signs. Wet and Remove Floor Tile, Place in 6 mil Asbestos Bags, Place Drop Tags in Bags, Tape Close. Remove Mastic, Double Bag, Drop Tag. Place All Bags into Lined Dumpster, Cleanup, HEPA-VAC. Floor Area, Spray Fibria-Loc, 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 (OFFICE MANAGER)

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, WET THING DOWN, CONTINUE USING CONTAINMENT, NEQ-AIR, CONTACT OWNER/ M DEQ OF CHANGE. FOLLOW M DEQ DIRECTIONS

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)

6/9/25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

6/9/25

(Date)