## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201 Al Number Date Received Postmark (mail only) MDEQ Use Only: 70371 9/6/2024 □Mail ☐ Hand Delivery Email O = origiNAL I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): III. FACILITY DESCRIPTION (include building name, number and floor or room number): AND Building# 2 Building of Bldg. Name: PARK Hill Village EAST High Rise 6 26 Lockridge street 38804 ms Zip: State: Tupelo City: Tel: 662-842-5122 Ext. 2002 Site Location: PARK HILL VILLAGE EAST Green Street, Tupelo, MS 40 +-3 Age in Years: # of Floors: **Building Size:** SINGLE FAMILY Prior Use: Present Use: WACANT IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: Tupelo Housing Authority South CANAL STREET Address: Zip: 38804 State: ms Tupelo City: Tel: 662.842.5122 ext. 2002 Contact: TAbithA Smith BELL ENVIRONMENTAL SERVICES, LLC ASBESTOS REMOVAL CONTRACTOR: P.O. BOX 133 Address: 39061 Zip: DELTA City State: ms City: 662.820.2124 Tel: Jimmy BELL Contact 115/25 Expiration Date: ABC-00001282 Certification Number: HOOKER CONSTRUCTION, INC. OTHER OPERATOR: P.O. BOX 8 Address: 39041 MS State: THAXTON City: 462-231-5091 Tel: Adrin porter Contact: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): VE5 AUg. 19, 2011 Inspection Date: WAS ASBESTOS PRESENT? (Yes/No): VES Expiration Date: 2/6/2012 Certification Number: ABZ-8000/688 Inspector: Willie J. Young VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: SAMPLES WERE TAKENFROM; CEILINGS, ATTE INSULATION, Sheetrock WALLS, WINDOW CHAULKING. Floor TIE/MASTIC, DOUR SEALANT. ALL SAMPLES WEVE SEND TO CAILAD, INC., BATON ROUGE, LA. ANALIZED USING THE PLM MEthod. ASDESTES FOUND IN THE FLOOR TILE / MASTIC, Sheet Rock mud, Cailing on 3rd Floor of EACH Building VII. QUANTITY OF RACM TO BE REMOVED: Approximately 7,404 St. Through-out 1st 2nd And 3rd Floor ALL RUOMS Surface Area (SQ FT): 7,404 5# Volume of Facility Components (CU FT): & Pipes (LN FT): VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Category II: Category I: 10/18/24 20124 Complete: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:

12/19/24

Complete:



XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: WE'T METHOD, CONTAINMENT, NEG-Air UNITS, D-CON UNITS, Air MONITORING

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: PYEP SITE! SIGNS, COVEY WINDOWS DOORS VENTS. WET AND REMOVE TILE/MASTIC, BAG/TAG, PLACE INTO LINED DUMPSTON REMOVE OTHER HAZARD MATTING, LEAR-UP, HEPA-VAC, SPRAY FIBER-LOC, AWAIT AIR CLEARANCE.		
XIII. WASTE TRANSPORTER #1		
Name: CONSTRUCTION WASTE MANAGEMENT, INC		
Address: P.O. GOX 2489		
City: O'A Ford	State: m S	Zip: 3 86 55
Contact Person: TONI SPENCEY Tel: 462-513-7999		
WASTE TRANSPORTER #2 N/A		
Name:		
Address:		T
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: Three River Reginal Landfill		
Address: 1904 portotoc PRYKWAY WEST		
City: PONTOTOC	State: m 5	zip: 38863
Contact Person: Aliga Chism		Tel: 662, 488, 0444
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: N/K		
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		
the second demand of the second logical principal principal control of the second logical principal control of the second logical control of the second logi		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
WELL STATE THAT INTERPRETED ASSESSED IS SOUND OF 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 All WOYK, REMAIN UNDER CONTAIN MENT, CONTINUE USING NEG-RIY., CONTACT OWNEY		
MDEQ OF CHANGE. FOLLOW MDEQ 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.		
THIS PERSON WILL BE AVAILABLE FOR INSPECTION DU	L 12 00	9-6-74
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Jim my BELL	Jun 1	Sell 1-624
Type or Print Name (Signature of Owner/Operator) (Date)		