

# 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: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only):	Date Received: 10/3/2024	AI 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: <u>Tupelo Housing Authority Subdivision East</u>			
Address: <u>701 South Canal Street</u>			
City: <u>Tupelo</u>	State: <u>MS</u>	Zip: <u>38901</u>	
Site Location: <u>402 Kirksey Street #1</u>	<u>Bedroom, Living room Kitchen &amp; Dining Area</u>		Tel: <u>662-416-3418</u>
Building Size: <u>995 sq. ft.</u>	# of Floors: <u>2</u>	Age in Years: <u>50+</u>	
Present Use: <u>VACANT FOR REPAIRS</u>	Prior Use: <u>SINGLE FAMILY DWELLING</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: <u>Tupelo Housing Authority</u>			
Address: <u>701 South Canal Street</u>			
City: <u>Tupelo</u>	State: <u>MS</u>	Zip: <u>38801</u>	
Contact: <u>Tabitha Smith</u>	Tel: <u>662-842-5122 ext. 2002</u>		
ASBESTOS REMOVAL CONTRACTOR: <u>BELL ENVIRONMENTAL SERVICES, LLC.</u>			
Address: <u>P.O. BOX 133</u>			
City: <u>Delta City</u>	State: <u>MS</u>	Zip: <u>39061</u>	
Contact: <u>Jimmy Bell</u>	Tel: <u>662-820-2124</u>		
Certification Number: <u>ABC-00061282</u>	Expiration Date: <u>1/5/2025</u>		
OTHER OPERATOR: <u>PACE &amp; SONS CONTRACTORS, INC.</u>			
Address: <u>374 CR-7000</u>			
City: <u>BOONEVILLE</u>	State: <u>MS</u>	Zip: <u>38829</u>	
Contact: <u>CLAYTON PACE</u>	Tel: <u>662-416-3418</u>		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>YES</u>			
WAS ASBESTOS PRESENT? (Yes/No): <u>YES</u>		Inspection Date: <u>AUG. 19-26-2011</u>	
Inspector: <u>William J. Young</u>	Certification Number: <u>ABE-00001688</u>	Expiration Date: <u>9/24/2011</u>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
<u>SAMPLES WERE TAKEN FROM: SHEET ROCK CEILINGS, WALLS, ROOFING MATERIALS, WINDOWS, FLOOR TILE/MASTIC, INSULATION. ALL SAMPLES WERE COLLECTED AND SHIPPED TO CA LABS, INC., BATON ROUGE, LA. WHERE THEY WERE TESTED USING THE PLM METHOD. (ONLY THE FLOOR TILE/MASTIC CONTAIN ASBESTOS 3.0%)</u>			
VII. QUANTITY OF RACM TO BE REMOVED: <u>985 sq. ft. FLOOR TILE/MASTIC (ABRUFRIABLE)</u>			
Pipes (LN FT): <u>0</u>	Surface Area (SQ FT): <u>985</u>	Volume of Facility Components (CU FT): <u>0</u>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <u>0</u>			
Category I: <input checked="" type="checkbox"/>	Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>OCT./18/2024</u>		Complete: <u>OCT./20/2024</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>OCT./21/2024</u>		Complete: <u>JAN./19/2025</u>	

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

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, DOORS, AIR VENTS, WET AND REMOVE FLOOR TILE, BAG, DROP TAG, TAPE CLOSE. REMOVE MASTIC, SOLIDIZE MASTIC, DOUBLE BAG, CLEANUP, HEPA-VAC CORNERS, PLACE ALL BAGS INTO A LINED DUMPSTER, ADMIT 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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK CONTINUE TO USE NEG-AIR AND CONTAINMENT. CONTACT MDEQ/OWNER OF CHANGE REVISE NOTIFICATIONS.

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)

10/3/24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell  
(Signature of Owner/Operator)

10/3/24

(Date)