

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 1/22/2025	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 = RENOVATION	
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>Tupelo Housing Complex - Park Hill Village East</u>				
Address: <u>701 South Canal Street</u>				
City: <u>Tupelo</u>		State: <u>MS</u>	Zip: <u>38801</u>	
Site Location: <u>1620 Green Street Unit # 4 - Upstairs Flooring</u>			Tel: <u>662.842.5122 Ext. 2002</u>	
Building Size: <u>985 s.f.</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-00001282</u>			Expiration Date: <u>1/15/2025</u> 12/06/2025	
OTHER OPERATOR: <u>PACE & 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>ABZ-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: WALLS, CEILING, WINDOWS AND DOORS, ROOFING MATERIALS, FLOOR TILE/MASTIC, PROCESSED AND SHIPPED TO CA LABS, INC., BATON ROUGE, LA WHERE THEY WERE TESTED USING THE PLM METHOD.</u>				
<u>FLOOR TILE CAME BACK POSITIVE FOR ASBESTOS (SECOND FLOOR)</u>				
VII. QUANTITY OF RACM TO BE REMOVED: <u>340 s.f. FLOOR TILE SECOND FLOOR</u>				
Pipes (LN FT): <u>0</u>	Surface Area (SQ FT): <u>340 s.f.</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>2/3/25</u>			Complete: <u>2/4/25</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>2/5/25</u>			Complete: <u>4/3/25</u>	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
SEAL OFF Second Floor using 6 mil poly, PLACE D-GON UNIT AT BOTTOM OF STAIRS; PLACE NEQ-AIRBOX THE Bedroom window. USE WET METHOD, REMOVE, DOUBLE BAG.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Double BAG, REMOVE MASTIC. USE WET METHOD with SPUD BARS TO REMOVE T/LG. DOUBLE BAG, CLEAN-UP, HEPA-VAC CORNERS, PLACE Debris into A Lined Dumpster, AWAIT AIR CLEARANCE RESULTS.

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 (Administration)

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 ALL Abatement, CONTACT OWNER/MDAQ OF CHANGE, FOLLOW MDAQ 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)

1/21/2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell
(Signature of Owner/Operator)

1/21/2025

(Date)