

PD

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

<input checked="" type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Recieved: 2/14/2025	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 VILLAGE EAST Subdivision			
Address: 1702 FORBES LN. Unit # 1			
City: TUPELO	State: MS	Zip: 38801	
Site Location: PARK HILL VILLAGE EAST Subdivision		Tel: 662-842-5122 ext. 2002	
Building Size: 995 SF	# of Floors: 2	Age in Years: 40+	
Present Use: VACANT FOR RENOVATIONS	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: 1/15/25		
OTHER OPERATOR: PACE & SONS CONTRACTORS, INC.			
Address: 374 CR-7000			
City: BUONERVILLE	State: MS	Zip: 38829	
Contact: CLAYTON PACE	Tel: 662-416-3418		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <input checked="" type="checkbox"/>			
WAS ASBESTOS PRESENT? (Yes/No): <input checked="" type="checkbox"/>		Inspection Date: Aug. 19 - 26 / 2011	
Inspector: WILLIAM J. YOUNG	Certification Number: ABZ-00001688	Expiration Date: 9/24/2011	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: SAMPLES WERE TAKEN FROM: SHEETROCK WALLS, CEILING TEXTURE, ROOF MATERIALS, DOORS/ WINDOWS PUDDY, ATTIC INSULATION, PROCESSED AND SHIPPED TO CA LABS, INC., BATON - ROUGE, LA - WHERE THEY WERE TESTED FOR ASBESTOS USING THE PLM METHOD (THE CEILING TEXTURE AND FLOOR TILE BOTH CONTAINED ASBESTOS LOCATED ON 1ST + 2ND FLOOR)			
VII. QUANTITY OF RACM TO BE REMOVED: CEILING TEXTURE AND FLOOR TILE 1ST + 2ND FLOOR 950 SF			
Pipes (LN FT): 0	Surface Area (SQ FT): 950 SF	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0			
Category I: <input checked="" type="checkbox"/>		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/19/25		Complete: 3/6/25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/15/25		Complete: 6/25/25	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
wet method, containment, neg-air, D-con units, independent air monitoring/air clean
6 mil poly over floors on second floor.

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, 6mil 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, await air clean.

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: 662-920-2124

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

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: N/A

Name:
Authority: Title:
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 continue to use neg-air and containment. contact MDEQ/owner
or change revise notifications.

XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE
ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED!
THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS

Jimmy Bell
Type or Print Name
Signature of Owner/Operator
Date: 2/14/25

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
Jimmy Bell
Type or Print Name
Signature of Owner/Operator
Date: 2/14/25