

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 2/14/2025	Alt Number 70371
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):		O= ORIGINAL R	
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 Park Hill Village East Subdivision</u>			
Address: <u>1620 Lockridge Street Unit # 1</u>			
City: <u>Tupelo</u>	State: <u>MS</u>	Zip: <u>38801</u>	
Site Location: <u>Park Hill Village East Subdivision</u>	Tel: <u>662-842-5122 Ext. 2002</u>		
Building Size: <u>995 SF</u>	# of Floors: <u>2</u>	Age in Years: <u>40+</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>1/15/25</u>		
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>	
Inspector: <u>William J. Young</u>	Certification Number: <u>ABI-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: SHEETROCK WALLS, CEILING TEXTURE, ROOF MATERIALS, WINDOWS, DOWNS PUDDY, ATTIC INSULATION. PROCESSED AND SHIPPED TO CA LABS., INC., BATON ROUGE, LA WHERE THEY WERE TESTED FOR ASBESTOS USING THE PLM METHOD.</u>			
<u>(THE CEILING TEXTURE AND THE FLOOR TILE CONTAINED ASBESTOS. LOCATED ON 2ND FLOOR)</u>			
VII. QUANTITY OF RACM TO BE REMOVED: <u>CEILING TEXTURE ON 2ND FLOOR 600 SF.</u>			
Pipes (LN FT): <u>0</u>	Surface Area (SQ FT): <u>600 SF</u>	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <u>0</u>			
Category I: <input checked="" type="checkbox"/>		Category II: <input type="checkbox"/>	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>2/28/25</u>		Complete: <u>3/4/25</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>3/5/25</u>		Complete: <u>6/5/25</u>	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Wet method, Containment, NEG-Air, D-CONTAINMENT INDEPENDENT AIR MONITORING/AIR CLEAR
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 clear

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 CRUMBLING, 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
ON SITE 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 _____ Jimmy Bell _____ 2/14/25
Type or Print Name (Signature of Owner/Operator) (Date)

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