

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 09-11-2023 | AI Number 70371 |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R= Revised Floor | | | | |
| 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: South CANAL STREET Subdivision | | | | |
| Address: 701 South CANAL Street | | | | |
| City: Tupelo | | State: MS | Zip: 38801 | |
| Site Location: 1620 Lockridge #3 | | Tel: 662-416-3418 | | |
| Building Size: 900 sq | | # of Floors: 2 | Age in Years: 40 + - | |
| Present Use: Vacant for Renovations | | Prior Use: Single Family unit | | |
| 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: 1/5/24 | | |
| OTHER OPERATOR: PACE & SONS Construction, INC. | | | | |
| Address: 374 CR-7000 | | | | |
| City: Booneville | | State: MS | Zip: 38829 | |
| Contact: Clayton Pace | | Tel: 662-416-3418 | | |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes | | | | |
| WAS ASBESTOS PRESENT? (Yes/No): yes | | Inspection Date: Aug, 19, 2011 | | |
| Inspector: William J. Young | | Certification Number: ABT-00001688 | Expiration Date: 9/24/2011 | |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Samples collected from: Ceiling, walls, Attic INSULATION, Roofing materials, windows, floor tile-mastic. All samples shipped to The LA Labs, Inc., Baton Rouge, LA and tested using The PLM method. The floor tile/mastic contains Asbestos | | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: 400 sq. Floor tile mastic 1st Floor | | | | |
| Pipes (LN FT): 6 | Surface Area (SQ FT): 400 | | Volume of Facility Components (CU FT): 0 | |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: | | | | |
| Category I: <input checked="" type="checkbox"/> | | Category II: <input type="checkbox"/> | | |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/17/23 | | Complete: 9/18/23 | | |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/20/23 | | Complete: 12/16/23 | | |

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Wet Method, Containment, NEG-Air, Independent Air Monitor/Air Clearance, Double Bag, Tags.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

PLACE SIGNS AT ENTRANCES, REMOVE KICK BOARDS, WET AND REMOVE TILE JOINTS, PLACE TILE INTO DOUBLE BAGS, REMOVE MASTIC, DOUBLE BAG, CLEANUP, HEPA-VAC, FOG USING FIBER-LOC, AWAIR AIR CLEARANCE. PLACE BAGS INTO LINED TRAILER DUMP, TARP.

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: LeFlore County Landfill

Address: 15200 US Hwy 49E South

City: Sidon

State: MS

Zip: 38954

Contact Person: MABEL BROWN

Tel: 662-455-6477

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:

Wet everything down, continue containment/NEG-Air, stop work, contact owner/MDEQ of change. Follow MDEQ directions. Resend revised notification.

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)

9/11/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Robert Page

Type or Print Name

Robert Page

(Signature of Owner/Operator)

9/11/23

(Date)