MAP

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only:	Postmark (mail only)	Date Received	AI Number
X Email ☐ Mail ☐ Hand Delivery		9/24 9/26/2023	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: South CANAL Subdivision

Address: 701 South CANAL Street

City: Tupelo | State: MS | Zip: 38801

Site Location: 1622 Lockridge street unit # 2 | Tel: 662-842-5122 ext. 2002

Building Size: 1100 sf | # of Floors: 2 | Age in Years: 40 +

Present Use: VACANT FOR RENOVATIONS | Prior Use: Single Family Housing 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: AGI-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 and mastic. All samples were shipped to The LA Laboratories, Inc., Baton Rouge, LA Tested using the PLM method.

VII. QUANTITY OF RACM TO BE REMOVED: (The floor Tile/mastic Contained Asbestos)
900 sf Nonfriable Asbestos Floor Tile/mastic

Pipes (LN FT): 0 | Surface Area (SQ FT): 900 sf. | Volume of Facility Components (CU FT): 0

VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0

Category I: ✓ | Category II:

IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/9/23 | Complete: 10/11/23

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/11/23 | Complete: 12/20/23

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/Mastic, Place All into Double Bags. Remove Mastic, Double Bag, Cleanup, Heparval, Fog using Fiber-Loc, Await Air Clearance. Place Bags into Closed Trailer Dump, Tarps.

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 ASTESTOS 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) | 9/25/23 — (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Robert Page — Type or Print Name | Robert Page — (Signature of Owner/Operator) | 9/25/23 — (Date)