

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MAP

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

MDEQ Use Only: ☒ Email ☐ Mail ☐ Hand Delivery		Postmark (mail only)	Date Received 9/24 & 9/26/2023	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: South CANAL Subdivision				
Address: 701 South CANAL Street				
City: Tupelo		State: MS	Zip: 38801	
Site Location: 1620 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 Y 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: AGE-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 Labatorie, Inc., Baton Rouge, LA Tested using The PLM method. (The Floor tile/mastic contained Asbestos)				
VII. QUANTITY OF RACM TO BE REMOVED: 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: 10/11/23 Complete: 10/13/23				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/13/23 Complete: 12/20/23				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Wet Method, Containment, NEQ-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/Joint, Place into Double bags, Remove mastie, Double Bag, Cleanup, HEPA VAC, Fog using Fiber-loc, Await 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: 39044
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/NEQ-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	Jimmy Bell	9/25/23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Robert Page	Robert Page	9/25/23
Type or Print Name	(Signature of Owner/Operator)	(Date)