

(PI)

# 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 1/13/2025	AI 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= RENOVATION			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: Tupelo Housing Authority PAYK Hill Village East			
Address: 701 South CANAL Street			
City: Tupelo	State: MS	Zip: 38801	
Site Location: 407 Amos Street, unit #3 (Kitchen Area Only)		Tel: 662.842.5122 Ext. 2002	
Building Size:	# of Floors: 1	Age in Years: 50 + -	
Present Use: VACANT FOR REPAIRS	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: 1/15/2025 12/06/2025		
OTHER OPERATOR: PACE & SONS CONTRACTORS, 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. 19-26/2011	
Inspector: William J. Young	Certification Number: ABI-00001688	Expiration Date: 9/24/2011	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: SAMPLES WERE TAKEN FROM: SHEET ROCK - WALLS, CEILING, ATTIC INSULATION, ROOF MATERIALS, FLOOR TILE/mastic, WINDOWS AND DOOR CHAUKING, LABELED AND SHIPPED TO CALABS., INC., BATON ROUGE, LA, WHERE THEY WERE TESTED USING THE PLM METHOD. (FLOOR TILE/mastic TESTED POSITIVE FOR ASBESTOS)			
VII. QUANTITY OF RACM TO BE REMOVED: 200 SF (Kitchen Floor Area Only)			
Pipes (LN FT): 0	Surface Area (SQ FT): 200 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: 1/15/2025		Complete: 1/15/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/17/2025		Complete: 2/25/2025	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
 SEAL OF KITCHEN AREA FROM OTHER PARTS OF APARTMENT, USE BACK DOOR FOR ACCESS. COVER CABINETS, AND VENT WITH 6 MIL POLY, PLACE NEG-AIR UNIT EXHAUST OUT OF KITCHEN WINDOW

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: WET FLOOR, REMOVE WITH SPUD BARS, DOUBLE BAG, REMOVE MASTIC, DOUBLE BAG, PLACE BAGS INTO LINED/COVERED DUMPSTER. AWAIT AIR CLEARANCE RESULTS.

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 (Administration) Tel: 662-488-0444

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

Name: Tupelo Housing Authority Title: Contractor

Authority: Clayton Pace

Date of Order (MM/DD/YY): 1-9-2025 Date Ordered to Begin (MM/DD/YY): \_\_\_\_\_

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): 1-9-2025

Description of the sudden unexpected event: FROZEN WATER LINE BUSTED BEHIND KITCHEN WALL, FLOODED KITCHEN CABINETS AND FLOOR. MUST REMOVE A SECTION OF CONCRETE FLOOR TO REPLACE PIPE.

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 ALL ASBESTOS ACTIVITIES, CONTACT OWNER OF CHANGE/CONTACT MDEQ OF CHANGE, REVISE 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 \_\_\_\_\_ 1/10/25  
 Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.  
Jimmy Bell \_\_\_\_\_ Jimmy Bell \_\_\_\_\_ 1/10/25  
 Type or Print Name (Signature of Owner/Operator) (Date)