

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 (req. only) 03-02-2025	Date Recieved 03/03/2025	Alt Number 70371
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): REVISED START DATE				
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: Tupelo Housing Authority, PARK HILL VILLAGE EAST Subdivision				
Address: 1702 FORBES LN. UNIT # 1				
City: Tupelo	State: MS	Zip: 38801		
Site Location: PARK HILL VILLAGE EAST Subdivision		Tel: 662-842-5122 ext. 2002		
Building Size: 995 SF	# of Floors: 2	Age in Years: 40+		
Present Use: VACANT FOR RENOVATIONS	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: 1/15/25 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): <input checked="" type="checkbox"/>				
WAS ASBESTOS PRESENT? (Yes/No): <input checked="" type="checkbox"/>		Inspection Date: AUG 19-26/2011		
Inspector: WILLIAM J. YOUNG	Certification Number: ABZ-00001688	Expiration Date: 9/24/2011		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: SAMPLES WERE TAKEN FROM; SHEETROCK WALLS, CEILING TEXTURE, ROOF MATERIALS, DOORS/ WINDOWS PUDDY, ATTIC INSULATION, PROCESSED AND SHIPPED TO CA LABS, INC., BATON ROUGE, LA - WHERE THEY WERE TESTED FOR ASBESTOS USING THE PLM METHOD (THE CEILING TEXTURE AND FLOOR TILE BOTH CONTAINED ASBESTOS LOCATED ON 1ST & 2ND FLOOR)				
VII. QUANTITY OF RACM TO BE REMOVED: CEILING TEXTURE AND FLOOR TILE 1ST & 2ND FLOOR 950 SF				
Pipes (LN FT): 0	Surface Area (SQ FT): 950 SF	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0				
Category I: <input checked="" type="checkbox"/>	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/5/25		Complete: 3/7/25		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/10/25		Complete: 6/25/25		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
wet method, containment, neg-air, D-con units independent air monitoring/air cle.
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 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 cle.

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: 662-920-2124

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: 38963

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! THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

Jimmy Bell Type or Print Name Jimmy Bell (Signature of Owner/Operator) 3/3/25 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Jimmy Bell Type or Print Name Jimmy Bell (Signature of Owner/Operator) 3/3/25 (Date)