

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 3/12/2025	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 = RENOVATIONS		
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Tupelo Housing Authority PARK HILL EAST SUBDIVISION				
Address: 1626 Green Street Unit 1 (2nd Floor)				
City: Tupelo	State: MS	Zip: 38801		
Site Location: 1626 Green Street		Tel: 662-842-5122 Ext. 2002		
Building Size: 340 sq ft upstairs	# of Floors: 2	Age in Years: 40 + -		
Present Use: VACANT	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			
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: 9/24/11		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: SAMPLES WERE TAKEN FROM: WALLS, CEILINGS, ROOF MATERIALS, WINDOWS + DOOR PADDY, - ATTIC INSULATION, PIPE INSULATION, FLOOR TILE/MASTIC. ALL SAMPLES WERE PROCESSED AND SHIPPED TO CALABS, INC., BATON ROUGE, LA. WHERE THEY WERE TESTED FOR ASBESTOS USING THE PLM METHOD. (Asbestos found on 2nd floor-floor tile thru out the 2nd floor.)				
VII. QUANTITY OF RACM TO BE REMOVED: 340 sq ft of Regulated Floor tile thru out the 2nd floor				
Pipes (LN FT): 0	Surface Area (SQ FT): 340 sq ft	Volume of Facility Components (CU FT): 0		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0				
Category I: <input checked="" type="checkbox"/>	Category II: <input type="checkbox"/>			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/24/25		Complete: 3/26/25		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/28/2025		Complete: 6/5/2025		

XII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Wet method, Containment, neg-air, D-containment, Independent Air monitoring/Air cle
6 mil poly over floors on second floor.

XIII. 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, bags, Drop tray, 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: 662-826-2124

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

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

stop work continue to use neg-air and containment. contact MDEA/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
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

(Signature of Owner/Operator)

3/12/25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

(Signature of Owner/Operator)

3/12/25

(Date)