

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM**

*Please type or print legibly.*

**Incomplete notices will not meet notification requirements.**

**RECEIVED**  
**APR 10 2017**  
Dept. of Environmental Quality

**I. TYPE OF NOTICE:** ☐ Original ☒ Revision #4 ☐ Canceled  
☐ Annual ☐ Info. Only

**II. TYPE OF PROJECT:** ☒ Renovation ☐ Demolition  
☐ Ordered Demolition ☐ Emergency Renovation

**III. SITE INFORMATION:** Name Tupelo Housing Authority  
Description: Office  
Address: 701 S Canal St  
City: Tupelo County: Lee State: MS ZIP: 38804  
Contact Person: Janice Williams Telephone: 662-842-5122

**IV. OWNER INFORMATION:** Name: Tupelo Housing Authority  
Full Mailing Address: 701 S Canal St, Tupelo, MS 38804  
Contact Person: Janice Williams Telephone: 662-842-5122

**V. ASBESTOS REMOVAL CONTRACTOR:** Name: Gulf Services Contracting  
Certification No.: ABC-00001674 Expiration Date: 05/20/2017  
Full Mailing Address: 5000 Rangeline Rd, Mobile, AL 36619  
Contact Person: Jonathan Valle Telephone: 251-443-8161

**VI. CONTRACTOR (Other):** Name: Sullivan Enterprises  
Full Mailing Address: 100 Pinewood Dr SE, Magee, MS 39111  
Contact Person: Sonny Sullivan Telephone: 601-849-2441

**VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**  
Removal Project Start: 04 / 20 / 2017 Removal Project Stop: 04 / 28 / 2017

**VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**  
Project Start: 09 / 12 / 2016 Project Stop: 09 / 12 / 2016 Prep. Date: 09 / 12 / 2016

**IX. BUILDING INFORMATION:** Bldg. Size (SQ FT): 2,400 Bldg. Size (LNFT): \_\_\_\_\_  
No. of Floors: 1 Age in Years: 50  
Present Use: Office Prior Use: Office

**X. ASBESTOS INSPECTION:**  
Was site inspected to determine presence of asbestos: ☒ Yes ☐ No  
Inspection Date: 08 / 9 / 2011 Asbestos Present? ☒ Yes ☐ No  
Inspector: J. William Young Cert. No.: ABI-00001688 Expiration Date: 05/11/2012  
Identify suspect materials sampled: Flooring, mastics  
Laboratory Analysis: TEM \_\_\_\_\_ PLM X Other \_\_\_\_\_  
Name of Laboratory: C A Lab

**XI. QUANTITY OF RACM TO BE REMOVED:**  
Pipes (LN FT) \_\_\_\_\_ Surface Area (SQ FT) \_\_\_\_\_  
Volume of Facility Components(CU FT) \_\_\_\_\_

**XII. QUANTITY OF NONFRIABLE ASBESTOS** ☐ NOT REMOVED ☒ TO BE REMOVED:  
Category I: 590 SF/ Floor Tile Category II: 160 SF/transite

**XIII. WASTE TRANSPORTER:** Name: McClure Environmental  
Full Mailing Address: P.O. Box 434, Theodore, AL 36590  
Contact Person: Ken McClure Telephone: 251-379-6171



**STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED**

**XIV. WASTE ASBESTOS DISPOSAL SITE:** Name: Dirt, Inc.  
 Physical Location: 8081 Cottage Hill Road, Mobile, AL  
 Full Mailing Address: P.O. Box 143, Wilmer, AL 36587  
 Contact Person: Michael Eubanks Telephone: 251-633-7474  
 \*All asbestos waste should go to a permitted sanitary landfill.

**XV. DISPOSAL SITE FOR DEMOLITION DEBRIS** (Other than asbestos):  
 Name: N/A  
 Physical Location: \_\_\_\_\_  
 Full Mailing Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \*All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

**XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):**

<input checked="" type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input checked="" type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input checked="" type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input checked="" type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

**XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:**  
Removal of floor tile, mastic and transite in preparation for renovations by others.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:**  
Stop work, test material(s) and notify owner and MDEQ of any Changes.  
 \_\_\_\_\_

\*Will MDEQ be notified of any significant changes? ☒ Yes ☐ No

**XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:**  
 Name: N/A Title: \_\_\_\_\_  
 Authority: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Demolition to Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

**XX. EMERGENCY DEMOLITION/RENOVATIONS:** Date of Emergency: \_\_\_\_/\_\_\_\_/\_\_\_\_, Time: \_\_\_\_\_  
 Description of the sudden, unexpected event:  
N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:  
N/A

**XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.**

I certify that all of the above information is correct.

Jonathan Valle, President

Type or Print Name & Title

Signature

Date

**MAIL TO:** Office of Pollution Control  
 P.O. Box 2261  
 Jackson, MS 39225  
 (601) 961-5171

**Physical Address** 515 Amite Street  
 Jackson, MS 39201