

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) 0				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <u>Tupelo Housing Authority</u>				
Address: <u>1002 Richard Street</u>				
City: <u>Tupelo</u>	State: <u>MS</u>	Zip: <u>38801</u>		
Site Location: <u>1002 Richard Street, Tupelo, MS 38801</u>		Tel: <u>662 416-3418</u>		
Building Size: <u>900 SF</u>	# of Floors: <u>1</u>	Age in Years: <u>40+</u>		
Present Use: <u>VACANT</u>	Prior Use: <u>SINGLE FAMILY DUPLEX</u>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <u>Tupelo Housing Authority</u>				
Address: <u>701 South Canal Street</u>				
City: <u>Tupelo</u>	State: <u>MS</u>	Zip: <u>38801</u>		
Contact: <u>Bill Clayton</u>	Tel: <u>662 416-3418</u>			
REMOVAL CONTRACTOR: <u>BELL ENVIRONMENTAL SERVICES, LLC.</u>				
Address: <u>P.O. Box 133</u>				
City: <u>Delta City</u>	State: <u>MS</u>	Zip: <u>39061</u>		
Contact: <u>Jimmy Bell</u>	Tel: <u>662 820-2124</u>			
OTHER OPERATOR: <u>PACE CONTRACTORS, INC.</u>				
Address: <u>374 GR 7000</u>				
City: <u>Booneville</u>	State: <u>MS</u>	Zip: <u>38829</u>		
Contact: <u>Bill Clayton</u>				
V. IS ASBESTOS PRESENT? (Yes/No) YES				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>PLM Method, LA. Lab. of Baton Rouge, LA. Inspector William J. Young, #ABI-00001688 Aug. 19, 2011 Floor tile/mastic throughout ADT.</u>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		
		Category I	Category II	Indicate Unit of Measurement Below
Pipes				UNIT
Surface Area: <u>1</u>	<u>Floor tile mastic</u>		<input checked="" type="checkbox"/>	Ln Ft: <u>800</u> Ln M:
				Sq Ft: <u>800</u> Sq M:
Vol RACM Off Facility Component				Cu Ft: <u></u> Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>2/9/18</u> Complete: <u>2/12/18</u>				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>2/14/18</u> Complete: <u>5/12/18</u>				

RECEIVED
FEB 05 2018
 Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

WET METHOD, UNDER CONTAINMENT

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: PPE WORK AREA, PLACE SIGNS, POLY ALL WINDOWS, WET AND REMOVE FLOOR TILE, DOUBLE BAG, REMOVE MASTIC, CLEANUP, REMOVE BAGS, PLACE INTO LINED DUMPSTER, AWAIT AIR CLEARANCE.

XII. 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:

XIII. WASTE DISPOSAL SITE

Name: THREE RIVER REGIONAL LANDFILL

Address: 1904 PONTOTOC PARKWAY

City: PONTOTOC

State: MS

Zip: 38861

Tel: 662 488-0444

XIV. 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):

XV. 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:

XVI. 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:

REMAIN UNDER CONTAINMENT, CONTACT OWNER, CONTACT M.D.E.Q. OF CHANGE, AWAIT DIRECTIONS FROM M.D.E.Q.

XVII. 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

Jimmy Bell
(Signature of Owner/Operator)

11/30/18
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy BELL
Type or Print Name

Jimmy Bell
(Signature of Owner/Operator)

11/30/18
(Date)