

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) R DATE				
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: Tupelo Housing Authority				
Address: 1002 Richard Street				
City: Tupelo	State: MS	Zip: 38801		
Site Location: 1002 Richard Street, Tupelo, MS 38801		Tel: 662 416-3418		
Building Size: 900 sq ft	# of Floors: 1	Age in Years: 40+-		
Present Use: VACANT	Prior Use: Single Family Duplex			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Tupelo Housing Authority				
Address: 701 South Canal Street				
City: Tupelo	State: MS	Zip: 38801		
Contact: Bill Clayton		Tel: 662 416-3418		
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		
OTHER OPERATOR: Pace Contractors, Inc.				
Address: 374 CR 7000				
City: Booneville	State: MS	Zip: 38829		
Contact: Bill Clayton				
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): PLM Method, C.A. Lab. of Baton Rouge, LA, Inspector William J. Young, #ABI-00001688 Aug. 14, 2011 Floor tile/mastic throughout apt.				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
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		Indicate Unit of Measurement Below
		Category I	Category II	
Pipes				Ln Ft: Ln Ft:
Surface Area 1	Floor tile mastic		<input checked="" type="checkbox"/>	Sq Ft: 800 Sq Ft:
Vol RACM of Facility Component				Cu Ft: Cu Ft:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/29/18 Complete: 2/29/18				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/2/18 Complete: 5/28/18				

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MAR 01 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 CRUMBLLED, 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)