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 House unit # 905

Address: 905 Marcy Street

City: Tupelo	State: MS	Zip: 38801
Site Location: 905 Marcy Street		Tel: 662 665-1563
Building Size 1500 sq.	# of Floors: 1	Age in Years: 40+
Present Use: Vacant	Prior Use: Single Family Housing unit	

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: Johnny Taylor		Tel: 662 665-1563

REMOVAL CONTRACTOR: Bell Environmental Services, LLC.

Address: P.O. Box 133

City: Delta City	State: MS	Zip: 39061
Contact: Jimmy Bell		Tel:

OTHER OPERATOR: Tupelo Housing Authority (Maintenance Department)

Address: 701 South Canal Street

City: Tupelo	State: MS	Zip: 38801
Contact: Johnny Taylor		

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 EPA Lab. of Baton Rouge, LA. William J Young Inspector Lic # ABI-0000 1688 Aug. 19 2011 Floor tile/mastic Throughout Apt. 9x9 Floor tile and mastic.

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: Category I	Category II	Indicate Unit of Measurement Below: UNIT	
Pipes				LnFt:	Ln M:
Surface Area 1	Floor tile/mastic		Floor tile mastic	SqFt: 400	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/20/18 Complete: 2/29/18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/29/18 Complete: 5/29/18

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: PREP. WORK AREA, WET AND REMOVE USING HAND SCRAPERS, DOUBLE BAG REMOVE MASTIC, DOUBLE BAG, REMOVE ALL BAGS FROM UNIT, CLEAN AND 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: 38863

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
REMAIN UNDER CONTAINMENT, CONTACT OWNER AND MDEQ, OF CHANGE. AWAIT DIRECTION 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) | 1/23/18 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JIMMY BELL — Type or Print Name | Jimmy Bell — (Signature of Owner/Operator) | 1/23/18 — (Date)