70371

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)

RECEIVED
MAY 17 2018
DEQ OPC

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O

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: 701 South CANAL Street

City: Tupelo	State: MS	Zip: 38801
Site Location: ~~1614~~ 1614 MADISON Street		Tel: 662-416-3418
Building Size 1106 S.F.	# of Floors: 1	Age in Years: 40 + -
Present Use: VACANT FOR REPAIR	Prior Use: SINGLE FAMILY 4 BEDROOM APARTMENT	

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: CLAYTON PACE		Tel: 662 416 3418

REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SERVICES, LLC.

Address: P.O. BOX 133

City: DELTA City	State: MS	Zip: 39061
Contact:		Tel:

OTHER OPERATOR: PACE AND SONS CONSTRUCTION, INC.

Address: 374 CR 7000

City: BOONEVILLE	State: MS	Zip: 38829
Contact: CLAYTON PACE		

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, CAI LAB, INC. BATON ROUGE, LA INSPECTED Aug. 19, 2011 by William J. Young Lic. # AB# -0000168 Floor Tile/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		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area 1	Floor Tile MASTIC		✓	SqFt: 1,000	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/7/18 Complete: 6/14/18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6/7/18 Complete: 6/14/18

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, signs, neg-air, D-con., wet and remove floor tile / bag / drop tags, bag. Remove mastic, double bag, place into lined dumpster. clean/vac, await air result.

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: Stop work, Remain under containment, contact owner and M.D.E.Q. of change, follow M.D.E.Q. directions.

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.

Bell Environmental Services, LLC. (Type or Print Name) Jimmy Bell (Signature of Owner/Operator) 5/14/18 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell (Type or Print Name) Jimmy Bell (Signature of Owner/Operator) 5/14/18 (Date)