

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 = Revised start DATE			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R = RENOVATIONS			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: Tupelo Housing Authority			
Address: 701 CANAL STREET			
City: Tupelo	State: MS	Zip: 38904	
Site Location: 1614 MADISON STREET		Tel: 662-842-5122 Ext. 2002	
Building Size: 1,200 S.F.	# of Floors: 1	Age in Years: 35+	
Present Use: VACANT	Prior Use: 3 bedroom single family Dwelling		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Tupelo Housing Authority			
Address: 701 CANAL STREET			
City: Tupelo	State: MS	Zip: 38804	
Contact: Tabitha Smith	Tel: 662-842-5122 Ext. 2002		
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: HOOKEY CONSTRUCTION, INC.			
Address: P.O. BOX 8			
City: THAXTON	State: MS	Zip: 38871	
Contact: ADRIAN PORTER			
V. IS ASBESTOS PRESENT? (Yes/No) (YES) FLOOR TILE/MASTIC, FLASHING CAULK, TRANSITE PANEL Nonfriable			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection) INSPECTED 8/10/2011 by WILLIAM J. YOUNG OF ERGE, INC. LICENCES # ABZ-00001688, PLM method by CA Labs, of BATON ROUGE, LA			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed		Category I	
2. Category I ACM Not Removed		Category II	
3. Category II ACM Not Removed		UNIT	
Pipes		Ln Ft:	Ln M:
Surface Area <input checked="" type="checkbox"/>	Ceiling Panel Floor Tile	Sq Ft: 800	Sq M:
Vol RACM Off Facility Component		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/25/2021		Complete: 3/31/2021	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/5/2021		Complete: 6/5/2021	

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

Wet Method, Containment, Neg-Air Unit, D-Cont Unit, Independent Air Monitor

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

PLACE ORANGE SAFETY FENCE, SIGNS, BARRIER TAPE AROUND WORK SITE UNIT. COVER ALL DOORS, WINDOWS, VENTS WITH 6 MIL POLY. PLACE 6 MIL POLY UNDERNEATH TRANSIT PANELS AND ONTO WALLS & FLOORS. WET AND REMOVE INTACT, PLACE INTO DOUBLE BAGS. AWAIT AIR CLEARANCE.

XII. WASTE TRANSPORTER #1

Name: RES DUMPSTAY SERVICES, INC.

Address: P.O. BOX 598

City: Ripley

State: MS

Zip: 38663

Contact Person:

Tel: 662-837-4087

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 W

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 ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

REMAIN UNDER CONTAINMENT, STOP ALL WORK, CONTACT OWNER AND MDEQ OF CHANGE. AWAIT MDEQ 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.

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

3/9/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

3/9/2021

(Date)