

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 3-19-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O = ORIGINAL</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R = RENOVATION</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>SOUTH CANAL Subdivision</b>				
Address: <b>1622 GREEN STREET Building # 3</b>				
City: <b>Tupelo</b>		State: <b>MS</b>	Zip: <b>38801</b>	
Site Location: <b>1622 GREEN STREET Building # 3</b>			Tel: <b>662-416-3418</b>	
Building Size: <b>600 sq ft</b>		# of Floors: <b>2</b>	Age in Years: <b>40+</b>	
Present Use: <b>VACANT</b>		Prior Use: <b>SINGLE FAMILY Dwelling</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Tupelo Housing Authority</b>				
Address: <b>701 SOUTH CANAL STREET</b>				
City: <b>Tupelo</b>		State: <b>MS</b>	Zip: <b>38801</b>	
Contact: <b>Tabitha Smith</b>			Tel: <b>662-842-5122-Ext. 2602</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>BELL Environmental Services, LLC</b>				
Address: <b>P.O. BOX 133</b>				
City: <b>Delta City</b>		State: <b>MS</b>	Zip: <b>39061</b>	
Contact: <b>Jimmy Bell</b>			Tel: <b>662-820-2124</b>	
Certification Number: <b>ABC-00001282</b>		Expiration Date: <b>1/5/23</b>		
OTHER OPERATOR: <b>PACE+ SONS Construction, Inc.</b>				
Address: <b>374 CR-7000</b>				
City: <b>Booneville</b>		State: <b>MS</b>	Zip: <b>38829</b>	
Contact: <b>CLAYTON PACE</b>			Tel: <b>662-4163418</b>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>YES</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>YES</b>			Inspection Date: <b>Aug 19, 2011</b>	
Inspector: <b>William J. Young</b>		Certification Number: <b>ABC-00001688</b>	Expiration Date: <b>2012</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>SHEETROCK mud, window chaulking Ceiling Tile, ROOF MATERIALS ALL TESTED using THE PLM method by CA LABS, INC. BATON ROUGE, LA</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>600 sq. ft. of Asbestos Containing Floor Tile/mastic</b>				
Pipes (LN FT): <b>0</b>	Surface Area (SQ FT): <b>600 sq ft</b>		Volume of Facility Components (CU FT): <b>0</b>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <b>0</b>				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3/31/23</b>			Complete: <b>3/4/23</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>3/6/23</b>			Complete: <b>5/6/23</b>	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> (REPLACE UP STAIRS BEDROOM FLOORS) WET METHOD, CONTAINMENT, NEG-AIR. Independent Air Monitoring / Air Clearance.		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> PREP WORK AREA, SIGNS, 6 MIL POLY OVER WINDOWS + DOORS. WET AND REMOVE USING SPUR BARS. DOUBLE BAG, DROP TAG, TAPE BAGS. LOAD INTO LINED DUMP TRAILER, TARP, TAKE TO APPROVED LANDFILL, AWAIT AIR CLEARANCE		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: <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 Person: <u>JIMMY BELL</u>	Tel: <u>662-820-2124</u>	
<b>WASTE TRANSPORTER #2</b> <u>N/A</u>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: <u>LEFLORE COUNTY LANDFILL</u>		
Address: <u>15200 HWY 49 E, SOUTH</u>		
City: <u>SIDON</u>	State: <u>MS</u>	Zip: <u>38954</u>
Contact Person: <u>MABEL BROWN</u>	Tel: <u>662 455-7760</u>	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b> <u>N/A</u>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
<b>XVI. FOR EMERGENCY RENOVATIONS:</b> <u>N/A</u>		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event: <u>N/A</u>		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: <u>N/A</u>		
<b>XVII. 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:</b> <u>STOP WORK, CONTACT OWNER OR CHANGE, CONTACT MDEQ. FOLLOW MDEQ DIRECTIONS</u>		
<b>XVIII. 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.</b>		
<u>Jimmy Bell</u> Type or Print Name	<u>Jimmy Bell</u> (Signature of Owner/Operator)	<u>3/20/23</u> (Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
<u>Jimmy Bell</u> Type or Print Name	<u>Jimmy Bell</u> (Signature of Owner/Operator)	<u>3/20/23</u> (Date)