MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

Mail notification to: MD	EQ Asbestos	ind Lead Branci	, 513 E. A	Minte Street, bac	Allkmear
MDEG Use Only: XEmell 교Neil 교Hend Dalivery	Posimark (mail only)		1/31/2025		Al (Amit of 70731
I. Type of Notification (O=Original R=Revised	C=Canceled A=	Annual): O	= origi		
II. TYPE OF OPERATION (D=Demo O= Orde	red Demo R=Re	novation E=Emer. R	enovation):	R = REND	va tions
IN EACH ITY DESCRIPTION (Include building	name, number a	and floor or room nu	nber):		
Bidg. Name: Tupelo Housing Al	ethority	DARK HILL V	ILL AGE	EAST Subdi	Visione
2	freet				
		State: m5	State: m5 Zip: 38801		
Site Location: 1630 Lockridge Street Unit 1		Floor on	Ly	Tel: 662-842-5/22 Ext. 2002	
Site Location: 7630 Lockfrage Site of Site o		# of Floors: 2		Age in Years: 50 + -	
Building Size: 995 S.Q. UNIT		Prior Use: Single Family units			
Present Use: VACAUT FOY REPAI					
IV. FACILITY INFORMATION (Identify owner,			Her Operation		
OWNER NAME: Tupelo Housi	ing Author	rity		_	
Address: 701 South CAL	AL STREE	¥			
City: Tupelo		State: M 5		Zip: 38801	
Tallala Smith				Tel: 662-842-5122 EX+. 2002	
ASBESTOS REMOVAL CONTRACTOR:	BELL ENVI	roum Ental	Servi	c弦, LLC.	
P.O. 6	30X 133				
Takin Aikin		State: MS		Zip: 39061	
2 41/		/		Tel: 662-820-2124	
200 0 10 00		Expiration Date: 12/6/20 25		12025	
Certification (turnion)		actors, In	ic,		
374/0-7000		•		,	
2 - 4 11 514 11 15		State: ms		Zip: 38829	
City: BOONEVILLE				Tel: 662-416-3418	
Contact: CLAYTON PACE	DDESENCE OF	ASBESTOS? (Yes		IES	
V. WAS SITE INSPECTED TO DETERMINE	VES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Inspect	ion Date: Aug	119-26/2011
WAS ASBESTOS PRESENT? (Teshno): 9					n Date: 9/24/2011
Inspector: William J. Young VI. SUSPECT MATERIALS SAMPLED AND SAMPLES WEVE TAKEN FROM PIPES, INSULATION, FLOOV TILE ALL SAMPLES WEVE TESTED U	PROCEDURES, WALLS, C	DEED TO DETECTION OF PREP AND SI	ing m	aterials, win to calabs,	TOS MATERIAL: sidewis, Dodrs, Attic ING. Baton Rouge, LA. b. Bedrooms/Bathroom.
VII. QUANTITY OF RACM TO BE REMOVE	CO.	Ludy SE	Local	ire Thru c	out Floor Tile
VII. GOARTITE C. III				Volume of Earlith	Components (CU FT):
Pipes (LN FT): O-		(SQ FT): 400		VOIGING OF L GOILTA	
VIII. QUANTITY OF NONFRIABLE ASBES	TOS NOT REMO	VED:			
Category I:		- 1 -	Category II:		e: 2/14/2025
IX. SCHEDULED DATES ASBESTOS REM	OVAL (MM/DD/		2025		11110/2025
X. SCHEDULED DATES DEMO/RENOVAT	ION (MM/DD/YY) Start 2/16/	025	Complet	e. Fire and a second

(PZ)

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOV			
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEED DEMOLITION OR RENOVATION SITE: PVEP 3:4E, 5: WELL AND REMOVE FLOOR TILE, BAQ, Drop Double Baq, Cleanup, Hepa-vac Covan	qua Girit poor of	Remove markle Sel	idize mastice
XIII. WASTE TRANSPORTER#			
Name: Bell Environmental Service	s, LLC.		
Dr. 201122			
	State: 745	Zip: 34061	
City: Delta City Contact Person. Timmy Bell		Tel: 662-820	-2124
Comact desire			
WASTE TRANSPORTER #2 N/A	Je44		
Name:			
Address:	State:	Zip:	
City:	1 Oldio.	Tel:	
Contact Person:			.02
XIV. WASTE DISPOSAL SITE			
Name: Three River Landfill	. (0.4]	3	
Address: 1904 powtotoc praykula	1 6000	Zip: 3 2 8 4 3	
City: PONTOTOC	State: 7715	Tel: 642 - 481	8-0444
Contact Person: 662 - 448 - 6444			10/19
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGE	ENCY, PLEASE IDENTIF	Y THE AGENCY BELOW.	<u> </u>
Name:		fille:	
Authority:			
Date of Order (MM/DD/YY):	Date Or	dered to Begin (MM/DD/YY):	
XVI. FOR EMERGENCY RENOVATIONS: N/A			
Date and Hour of Emergency (MM/DD/YY):	Line Street Hotel Works		
Description of the sudden unexpected event		.8	200
			rial hurden:
Explanation of how the event caused unsafe conditions or w	ould cause equipment dar	nage or an unreasonable mone	ica da do
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWS NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMI	ED IN THE EVENT THAT	UNEXPECTED ASSESTOS IS REDUCED TO POWDER:	POUND ON PRESIDENT.
NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMI Stop work Continue To use Neg-	ALY AND CONT	tinment. Contact	MDED OWNER
OF CHANGE REVISE MONTHURS.	<u></u>	200 200 2007	A SUPPART ON WILL BE
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE ONSITE DURING THE DEMOLITION OR RENOVATION, A THIS PERSON WILL BE AVAILABLE FOR INSPECTION I	PROVISIONS OF THIS I AND EVIDENCE THAT TH DURING MORMAL BUSH	REGULATION (40 GFR PART RE REQUIRED TRAINING HAS NESS HOURS.	BEEN ACCOMPLISHED BY
Jimmy Bell	June !	5019	(Date)
Type or Print Name	(Signature of GwherlOp	erator)	
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CO	RRECT:	Rul	1/31/2025
	(Signature of Owner/O	perator)	(Date)
Type or Print Name	(Signification of Striction)	1000 €	