

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project # Vicksburg 003	Postmark 1/30/17	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R					
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: The Old Crawley Building					
Address 1306 WASHINGTON STREET					
City: Vicksburg	State: MS	Zip: 39180			
Site Location: 1306 WASHINGTON STREET		Tel: 601 529-9119			
Building Size 24,000 sq ft	# of Floors: 3	Age in Years: 75+			
Present Use: STORAGE	Prior Use: HAPPY HOUR BAR				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Thomas A. TAYVER					
Address: 191 Hwy. 80					
City: Vicksburg	State: MS	Zip: 39180			
Contact: Thomas A. TAYVER		Tel: 601 529-9119			
REMOVAL CONTRACTOR Jimmy Bell					
Address: P.O. BOX 133					
City: DELTA CITY	State: MS	Zip: 39061			
Contact: Jimmy Bell		Tel: 662 873-4551			
OTHER OPERATOR: BELL ENVIRONMENTAL SERVICES, LLC.					
Address: P.O. BOX 133					
City: DELTA CITY	State: MS	Zip: 39061			
Contact: Jimmy Bell					
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 / ANALYTICAL INSTITUTE, INC., GREENSBORO, NC. PAUL ANDERSON AAI-00001686 EX DATE 7/14/17 Asbestos? yes 1/21/17 Roof Felt/Window Caulking 2ND FLOOR BACK ROOM ONLY					
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				Ln Ft:	Ln M:
Surface Area			Roof Felt	Sq Ft: 1,800	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/31/17 Complete: 2/5/17					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/6/17 Complete: 2/15/17					

RECEIVED
JAN 31 2017
 Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: **wet Cut Fold AND BAG Felt PAPER. Lower Down to Dumpster**

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: **LOWER BAGS DOWN TO DUMPSTER USING A BASKET. TAKE AREA AIR SAMPLES BEFORE DURING AND AFTER PROJECT BEGINS.**

XII. WASTE TRANSPORTER #1

Name: **BELL ENVIRONMENTAL SERVICES, LLC.**

Address: **P.O. BOX 133**

City: **DELTA CITY**

State: **MS**

Zip: **39041**

Contact Person: **Jimmy Bell**

Tel: **662 873-4551**

WASTE TRANSPORTER #2 **N/A**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE **Big River Landfill**

Name: **Big River Landfill (B.F.I.)**

Address: **49 Landfill Road,**

City: **LELAND**

State: **MS**

Zip: **38756**

Tel: **662 332-7927**

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:

Stop work, contact owner of change, notify M.D.E.R. of change

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.

JAMES GIBSON
Type or Print Name

James Gibson / Supervisor
(Signature of Owner/Operator)

11/30/17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type or Print Name

Jimmy Bell / Contractor
(Signature of Owner/Operator)

11/30/17
(Date)