

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) 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: GRENADE NATIONAL GUARD Building				
Address 100 South JACKSON AVE.				
City: GRENADE	State: MS	Zip: 38902		
Site Location: 100 South JACKSON AVE. GRENADE, MS 38902		Tel: 662 230 - 3334		
Building Size: 6,284 SF	# of Floors: 1	Age in Years: 40+ -		
Present Use: VACANT	Prior Use: NATIONAL GUARD ARMORY			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: GRENADE School District				
Address: P.O. BOX 1940				
City: GRENADE	State: MS	Zip: 38902		
Contact: JEFF PICKLE	Tel: 662 230 3334			
REMOVAL CONTRACTOR BELL ENVIRONMENTAL SERVICES, LLC				
Address: P.O. BOX 133				
City: DELTA City	State: MS	Zip: 39061		
Contact: JIMMY BELL	Tel: 662 873 - 4551			
OTHER OPERATOR: GRENADE School District				
Address: P.O. BOX 1940				
City: GRENADE	State: MS	Zip: 38902		
Contact: JEFF PICKLE				
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): SCIENTIFIC ANALYTICAL INSTITUTE INC Inspected Oct 14, 2016 ALBERT L. LOVE, Asbestos containing floor tile/mastic (22) windows caulking				
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	Complex floor tile windows		<input checked="" type="checkbox"/>	Sq Ft: 4800 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/14/17 Complete: 2/18/17				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/19/17 Complete: 3/19/17				

RECEIVED
FEB - 7 2017
 Dept. of Environmental Quality

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

WET METHOD, CONTAINMENT, NEG AIR, REMOVE INTACT, DOUBLE BAG.

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, WET METHOD, CONTAINMENT, D-CON, NEG AIR, DOUBLE BAG, REMOVE INTACT, INDEPENDENT AIR CLEARANCE/AIR MONITORING.

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: 662 873-4551

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: LEXYCE COUNTY LANDFILL

Address: 15200 HWY. 49E SOUTH

City: SIDON

State: MS

Zip: 38954

Tel: 662 453-8556

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK, CONTACT OWNER/CONTACT M.D.E.R., MAKE THE NECESSARY CHANGES

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON SITE 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)

2/6/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JIMMY BELL

Type or Print Name

Jimmy Bell / contractor

(Signature of Owner/Operator)

2/6/17

(Date)