

# 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) <span style="float: right;">O</span>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">R</span>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <u>LIFE HELP REGION 6 Building</u>					
Address <u>1654 EAST UNION STREET</u>					
City: <u>GREENVILLE</u>	State: <u>MS</u>	Zip: <u>38701</u>			
Site Location: <u>1654 EAST UNION STREET</u>		Tel: <u>662 473-1463</u>			
Building Size <u>20,000 sq. ft.</u>	# of Floors: <u>1</u>	Age in Years: <u>35+-</u>			
Present Use: <u>HEALTH CLINIC</u>	Prior Use: <u>HEALTH CLINIC</u>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>LIFE HELP REGION 6 (STATE OF MS)</u>					
Address: <u>1654 UNION STREET</u>					
City: <u>GREENVILLE</u>	State: <u>MS</u>	Zip: <u>38701</u>			
Contact: <u>WILLIAM MILLS MILLS + MILLS ARCHITECT</u>		Tel: <u>662 473-1463</u>			
REMOVAL CONTRACTOR <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: <u>JIMMY BELL</u>		Tel: <u>662 873-4551</u>			
OTHER OPERATOR: <u>MARCHBANKS SPECIALTY CO., INC.</u>					
Address: <u>P.O. BOX 747</u>					
City: <u>WATERVALLEY</u>	State: <u>MS</u>	Zip: <u>38965</u>			
Contact: <u>KEITH MARCHBANKS</u>					
V. IS ASBESTOS PRESENT? (Yes/No) <u>YES</u>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>C.A. Labs of Baton Rouge, LA. (PLM method) Inspected 8/23/16 LAMAR T. LILLARD Lic# ABZ-00001036 Exp. 2/20/2017</u>					
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 <u>Roof Felt 1</u>	<u>Nonfriable Roof Material</u>		✓	Sq Ft: <u>20,000</u>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>3/25/17</u> Complete: <u>4/25/17</u>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>3/25/17</u> Complete: <u>4/25/17</u>					

Dept. of Environmental Quality  
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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: *Wet cut using Roof Saw, Remove in 2' blocks cut, sky lift fork lift, place into lined dumpster. (night work after hours only)*  
*Riv monitoring daily*

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: *PREP SITE WORK AREA, KEEP WORK AREA WET. LOWER MATERIALS DOWN FROM ROOF USING SKY LIFT, COVER DUMPSTER*

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 *Big RIVER LANDFILL (BFI) REPUBLIC SERVICES*

Name: *Big RIVER LANDFILL*  
Address: *52 LANDFILL RD.*  
City: *LELAND* State: *MS* Zip: *38756*  
Tel: *662 335-9737*

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, CONTACT M.D.E.O, FOLLOW M.D.E.O. RECOMMENDATION.*

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)  
3/7/17 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

*Jimmy Bell* Type or Print Name  
*Jimmy Bell / Contractor* (Signature of Owner/Operator)  
3/9/17 (Date)