

MAR 13 2017

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)
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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: **GREYADA High School**

Address

City: **GREYADA** State: **MS** Zip: **38902**

Site Location: **1875 Fairground Rd** Tel: **662-230-3334**

Building Size: **8500** # of Floors: **1** Age in Years: **40+-**

Present Use: **High School VACANT** Prior Use: **High School**

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **GREYADA School District**

Address: **P.O. BOX 1940**

City: **GREYADA** 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: **GREYADA School District**

Address: **P.O. BOX 1940**

City: **GREYADA** 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. (PLM Method) INSPECTED OCT 14, 2016 ALBERT L. LOVE LIC # ASI-00001376 EXP. DATE 12/31/17 (Chemistry Laboratory Classroom)**

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 Floor Tile/mastic	✓		✓	Sq Ft: 1055	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **3/10/17 (Spring Break)** Complete: **3/11/17**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **3/14/17** Complete: **3/17/17**

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: *Wet Method, Containment, Neg. Air, Remove Intact, Double Bag, Air Monitoring.*

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: *Wet Method, Place 6 mil poly over windows and door, Remove Intact, Place into Bags, Seal, Tape, Place into Lined 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 *LEFLOVE COUNTY LANDFILL*

Name: *LEFLOVE COUNTY LANDFILL*

Address: *15200 US Hwy. 49E South*

City: *Sidon*

State: *MS*

Zip: *38954*

Tel: *662 455-7760*

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.Q., Follow M.D.E.Q. Recommendation.

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)

3/8/17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type or Print Name

Jimmy Bell / Contractor
(Signature of Owner/Operator)

3/8/17
(Date)