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: LIFE HELP REGION 6 Building

Address 1654 EAST UNION STREET

City: GREENVILLE	State: MS	Zip: 38701
Site Location: 1654 EAST UNION STREET		Tel: 662 473-1463
Building Size 20,000 sf.	# of Floors: 1	Age in Years: 35+-
Present Use: HEALTH CLINIC	Prior Use: HEALTH CLINIC	

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

OWNER NAME: LIFE HELP REGION 6 (STATE OF MS)

Address: 1654 UNION STREET

City: GREENVILLE	State: MS	Zip: 38701
Contact: WILLIAM MILLS MILLS + MILLS ARCHITECT		Tel: 662 473-1463

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: MARCHBANKS SPECIALTY CO, INC.

Address: P.O. BOX 747

City: WATERVALLEY	State: MS	Zip: 38965
Contact: Keith Marchbanks		

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): C.A. LABS OF BATON ROUGE, LA. (PLM method) INSPECTED 8/23/14 LAMAR TILLILARD LIC# ABI-00001036 EXP. 2/20/2017

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				LnFt:	Ln M:
Surface Area Roof Felt 1	Nonfriable Roof Material		✓	SqFt: 20,000	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/28/17 Complete: 4/28/17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/28/17 Complete: 4/28/17

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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) Air 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK Contact owner, contact MDEQ, Follow MDEQ. 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) 3/9/17 (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)