MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

RECEIVED
MAY -9 2017
Dept. of Environmental Quality

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: Rosa Fort High School Cafeteria Home Making Building

Address: 1100 Rosa Fort Dr.

City: Tunica	State: MS	Zip: 38676
Site Location: Hwy 61 North Rosa Fort Dr.		Tel: 662 363-4220
Building Size: 9,572 Sft.	# of Floors: 1	Age in Years: 40 +-
Present Use: Vacant	Prior Use: Home Making Building	

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

OWNER NAME: Tunica County School District

Address: P.O. Box 758

City: Tunica	State: MS	Zip: 38676
Contact: Patrick Alexander (Maintenance Director)		Tel: 662 363-4220

REMOVAL CONTRACTOR: Bell Environmental Services, LLC.

Address: P.O. Box 133

City: Delta City	State: MS	Zip: 39061
Contact: Jimmy Bell		Tel:

OTHER OPERATOR: Patrick Alexander (Maintenance Director) Tunica School District

Address: 1100 Rosa Fort Drive

City: Tunica	State: MS	Zip: 38676
Contact: Patrick Alexander		

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): Floor Tile / Mastic Scientific Analytical Insutute .NC.
P.L.M. Albert Lowe Lic.# ABI-00001374 8/12/16

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 1	Floor tile/mastic		✓	SqFt: 1,106	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/18/17 Complete: 5/25/18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/25/17 Complete: 6/25/17

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: PREP WORK AREA, NEG. AIR, D-CON, INDEPENDENT AIR MONITORING, REMOVE WET CARPET, WRAP IN POLY, LABED AS ASBESTOS REMOVE AND BAG ASBESTOS FLOOR TILE & MASTIC.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: ASBESTOS REMOVAL PROJECT, ALL REGULATED MATERIAL WET CARPET AND FLOOR TILE. PLACE INTO LINED DUMPSTER.
CONTAINMENT NEG AIR
WET METHOD
DOUBLE BAG

XII. WASTE TRANSPORTER #1

Name: Mid South WASTE DISPOSAL

Address: P.O. BOX 312

City: CLARKSDALE | State: MS | Zip: 38614

Contact Person: Richard Cobbs | Tel: 662 627-9646

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: TUNICA County LANDFILL

Address: 6035 Bowdre Rd.

City: ROBINSONVILLE | State: MS | Zip: 38664

Tel: 662-363-2282

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: | Title:

Authority:

Date of Order (MM/DD/YY): | Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

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: NOTIFY OWNER, M.D.E.Q. CONTINUE UNDER CONTAINMENT

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) 5/8/17 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell (Type or Print Name) Jimmy Bell (CONTRACTOR) (Signature of Owner/Operator) 5/8/17 (Date)