MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

RECEIVED
MAY 24 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) D.

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: EAST UNION High School RESIDENTIAL HOUSE

Address 1548 Hwy. 9 E

City: BLUE SPRINGS	State: MS	Zip: 38828
Site Location: 1548 Hwy. 9 E BLUE SPRINGS, MS		Tel: 662 534-1960
Building Size 1,200 SF	# of Floors: 1	Age in Years: 30 + -
Present Use: VACANT	Prior Use: TEACHERS HOME	

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

OWNER NAME: UNION County School District

Address: 250 CARTER AVE.

City: NEW ALBANY	State: MS	Zip: 38652
Contact: DEE PARKER		Tel: 662 534-1960

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: UNION County School District (MAINTENANCE Dept)

Address: 250 CARTER AVE.

City: NEW ALBANY	State: MS	Zip: 38652
Contact: DEE PARKER		

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): PLM Method Inspector CLARENCE D. PARKER Lic.# ABI-0000 7925 10/6/16 Inspected by EMSL Analytical Lab. Inc Inside Sheetrock WALLS

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	WALL Sheetrock		✓	SqFt: 700	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/15/17 Complete: 6/17/17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6/18/17 Complete: 7/18/17

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

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, neg air D-con, wet. wet, remove and bag sheetrock place into lined dumpster. cleanup. Demo unit using trackhoe keep wet, haul to landfill

XII. WASTE TRANSPORTER #1

Name: Construction Waste Management, Inc.

Address: P.O. Box 2489

City: Oxford | State: MS | Zip: 38655

Contact Person: Lee Markus | Tel: 662-513-7499

WASTE TRANSPORTER #2 N/A

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Three River Regional Landfill

Address: 1904 Pontotoc Parkway West

City: Pontotoc | State: MS | Zip: 38863

Tel: 662 488-0444

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 M.D.E.Q. Make necessary changes according to M.D.E.Q..

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) 5/19/17 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell (Type or Print Name) Jimmy Bell Contractor (Signature of Owner/Operator) 5/19/17 (Date)