

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: <u>CLEVELAND High School</u>					
Address <u>Hwy. 8 West</u>					
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38732</u>			
Site Location: <u>Hwy. 8 West CLEVELAND, MS</u>		Tel: <u>662 719-0158</u>			
Building Size <u>4,840 sq. ft.</u>	# of Floors: <u>1</u>	Age in Years: <u>50 + -</u>			
Present Use: <u>VACANT FOR SUMMER BREAK</u>	Prior Use: <u>9-12 SCHOOL LEARNING CLASSROOMS</u>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>CLEVELAND School District</u>					
Address: <u>500 NORTH SHARPE AVE.</u>					
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38732</u>			
Contact: <u>SHANE HAYS (Director)</u>	Tel: <u>662 719-0158</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>CLEVELAND School District (MAINTENANCE DEPT.)</u>					
Address: <u>500 NORTH SHARPE AVE.</u>					
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38732</u>			
Contact: <u>SHANE HAYS (Director)</u>					
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): <u>PLM Method Scientific Analytical Lab, Greensboro, NC. ALBERT L. LOVE Inspector Lic. # AGI-00001376 - Carpet, Floor tile/mastic.</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 <input checked="" type="checkbox"/>	<u>Floor tile/mastic</u>	<input checked="" type="checkbox"/>		Sq Ft: <u>4,840</u>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>7/5/17</u> Complete: <u>7/14/17</u>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>7/13/17</u> Complete: <u>7/30/17</u>					

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: UNDER CONTAINMENT WET METHOD

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: PLACE SIGNS, PREP WORK AREA, COVER WINDOWS AND DOORWAYS. 6 MIL POLY DEON UNITS, NEG AIR UNITS, WET, BAG, TAG, DAILY AIR MONITORING, INDEPENDENT.

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

Name: WASTE HAULING & DISPOSAL

Address: P.O. BOX 870

City: LELAND

State: MS

Zip: 38756

Contact Person: TOMMY HENDRIX

Tel: 662 347-0052

XIII. WASTE DISPOSAL SITE

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:

REQUESTING PERMISSION TO START EARLY DUE TO SHORT SCHOOL BREAK FOR SCHOOL

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: CONTACT OWNER OF CHANGE CONTACT M.D.G. OF CHANGE, CONTINUE UNDER CLASS I CONTAINMENT REMOVAL

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)

6/26/17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type or Print Name

Jimmy Bell contractor
(Signature of Owner/Operator)

6/26/17
(Date)