

# 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) <b>O</b>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <b>MARGARET GREEN Junior High</b>			
Address <b>HWY. 8 WEST</b>			
City: <b>CLEVELAND</b>	State: <b>MS</b>	Zip: <b>38732</b>	
Site Location: <b>HWY. 8 WEST CLEVELAND, MS</b>		Tel: <b>662 719-0158</b>	
Building Size <b>5660 SF</b>	# of Floors: <b>1</b>	Age in Years: <b>50+-</b>	
Present Use: <b>VACANT FOR SUMMER BREAK</b>	Prior Use: <b>7-8 LEARNING CLASSROOM</b>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <b>CLEVELAND School District</b>			
Address: <b>500 NORTH SHARPE AVE</b>			
City: <b>CLEVELAND</b>	State: <b>MS</b>	Zip: <b>38732</b>	
Contact: <b>SHANE HAYS (Director)</b>		Tel: <b>662 719-0158</b>	
REMOVAL CONTRACTOR <b>BELL ENVIRONMENTAL SERVICES, LLC</b>			
Address: <b>P.O. BOX 133</b>			
City: <b>DELTA City</b>	State: <b>MS</b>	Zip: <b>39061</b>	
Contact: <b>JIMMY BOCC</b>		Tel: <b>662 873-4551</b>	
OTHER OPERATOR: <b>CLEVELAND School District MAINTENANCE DEPT.</b>			
Address: <b>500 NORTH SHARPE AVE</b>			
City: <b>CLEVELAND</b>	State: <b>MS</b>	Zip: <b>38732</b>	
Contact: <b>SHANE HAYS (Director)</b>			
V. IS ASBESTOS PRESENT? (Yes/No) <b>(YES)</b>			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>PLM METHOD SCIENTIFIC ANALYTICAL LAB, GREENSBORO, NC. ALBERT L. LOVE Inspector, L.C. # ABT-00001376 - FLOOR TILE/MASTIC</b>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed Category I / Category II	
		Indicate Unit of Measurement Below	
		UNIT	
Pipes		Ln Ft:	Ln M:
Surface Area <b>✓</b>	<b>Floor tile/mastic ✓</b>	Sq Ft: <b>5660</b>	Sq M:
Vol RACM Off Facility Component		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>7/5/17</b>		Complete: <b>7/12/17</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>7/13/17</b>		Complete: <b>7/30/17</b>	

RECEIVED

JUN 28 2017

Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: CLASS I WET METHOD  
Under Containment

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, WINDOWS, DOORS, WALLS, 6 mil POLY D-COV  
UNITS, NEG AIR UNITS - WET, BAG AND 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: 38754

Contact Person: TOMMY HENDRIX

Tel: 662 347-0058

XIII. WASTE DISPOSAL SITE

Name: Big River Landfill

Address: 52 Landfill Rd.

City: LELAND

State: MS

Zip: 38754

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 SUMMER BREAK FOR SCHOOL

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: CONTACT OWNER OF CHANGE,  
CONTACT MDEQ 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  
(Signature of Owner/Operator)

6/26/17  
(Date)