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) R

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: Cleveland Central Middle School

Address 601 Lucy Seaberry Blvd.

City: Cleveland	State: MS	Zip: 38732
Site Location:		Tel: 662-719-0158
Building Size 144 sq.ft.	# of Floors: 1	Age in Years: 50+ -
Present Use: Vacant for Summer Break	Prior Use: Principal's Office	

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

OWNER NAME: Cleveland School District

Address: 500 N. Sharp Ave.

City: Cleveland	State: MS	Zip: 38732
Contact: Shane Hays (Director)		Tel: 662-719-0158

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: Cleveland School District (Maintenance Dept.)

Address: 500 N. Sharp Ave.

City: Cleveland	State: MS	Zip: 38732
Contact: Shane Hays (Director)		

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): P.L.M method scientifical analytical Lab, Greenboro NC Albert L. Love, Inspector, Lic# ABI-00001376, Carpet, Floor tile/mastic

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 ✓	floor tile/mastic		✓	SqFt: 144	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-14-17 Complete: 7-15-17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7-15-17 Complete: 7-30-17

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: 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 sign around work area, prep workarea, cover windows and door ways using 6 mil. poly, decon unit, neg Air unit, wet, double bag, daily air montoring, Independent Airmonitor.

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:

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 of change, await decision from MDEQ.

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)