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)

RECEIVED
OCT 30 '17
Dept. of Environmental Quality

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: Cleveland High School

Address: 300 West Sunflower Road

City: Cleveland	State: MS	Zip: 38732
Site Location: 300 West Sunflower Road		Tel: 662 718-0158
Building Size: 6,500 S.F.	# of Floors: 1	Age in Years: 50 + -
Present Use: High School Learning	Prior Use: High School Learning Building	

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

OWNER NAME: Cleveland School District

Address: 305 Merritt Drive

City: Cleveland	State: MS	Zip: 38732
Contact: Shane Hays (Director)		Tel: 662 718-0158

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: Timbo's Construction, Inc.

Address: 3853 Hwy 61 N.

City: Cleveland	State: MS	Zip: 38732
Contact: Jimmy Sandifer		

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, Scientifical Analytical Lab., Greensboro, NC. Albert L. Love Inspector, Lic.# ABP-00001376 Floor Tile/mastic, window caulking, exterior science lab fume hood.

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: Category I	Nonfriable Asbestos Material Not To Be Removed: Category II	Indicate Unit of Measurement Below: UNIT	
Pipes				LnFt:	Ln M:
Surface Area	Floor Tile/mastic / Fume Hood	✓		SqFt: 50	Sq M:
Vol RACM Off Facility Component	1 Fume Hood	✓		CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/11/17 Complete: 11/15/17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/17/17. Complete: 11/17/18

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: WET method, Containment, Remove INTACT, Air monitoring. (Weekends And Night work) Neg. air.

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, Remove Fume Hood intact, Wrap in 6 mil. poly, Place in Lined Dumpster, Wet And Remove Floor Tile/mastic, Double bag Floor Tile/mastic, Await Air Clearance, Remove outside Caulking From windows.

XII. WASTE TRANSPORTER #1

Name: Bell Environmental Services, LLC		
Address: P.O. Box 137		
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 (B.F.I.)		
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:
Notify Owner, other Contractors And M.D.E.Q. of changes, 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 — James Gibson / Supervisor — 10/27/17
Type or Print Name — (Signature of Owner/Operator) — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell — Jimmy Bell / Contractor — 10/27/17
Type or Print Name — (Signature of Owner/Operator) — (Date)