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NOV 14 2017

Dept. of Environmental Quality

# 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>Vicksburg High School</b>			
Address: <b>3701 Drummond Street</b>			
City: <b>Vicksburg</b>	State: <b>MS</b>	Zip: <b>39180</b>	
Site Location: <b>3701 Drummond Street Vicksburg, MS</b>		Tel: <b>.</b>	
Building Size: <b>6000 sq.</b>	# of Floors: <b>1</b>	Age in Years: <b>40 + -</b>	
Present Use: <b>High School Classroom</b>		Prior Use: <b>High School Classroom</b>	
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <b>Vicksburg / Warren School District</b>			
Address: <b>1500 Mission 66 Street</b>			
City: <b>Vicksburg</b>	State: <b>MS</b>	Zip: <b>39182</b>	
Contact: <b>Calvin Perkins</b>		Tel: <b>601 529-1686</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 Bell</b>		Tel: <b>662 873-4551</b>	
OTHER OPERATOR: <b>Vicksburg / Warren County School District</b>			
Address: <b>1500 Mission 66 Street</b>			
City: <b>Vicksburg</b>	State: <b>MS</b>	Zip: <b>39182</b>	
Contact: <b>Calvin Perkins (Maintenance 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, Analytical Institute Inc, Greensboro, NC. Albert L. Love Inspector, Lic. # ABF-00001376 - Floor tile/mastic ② Classrooms</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		Indicate Unit of Measurement Below	
RACM To Be Removed		Category I	Category II
Pipes			
Surface Area <b>1</b>	<b>Floor tile mastic</b>		<b>✓</b>
Vol RACM Off Facility Component			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>11/17/17</b>		Complete: <b>11/20/17</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>11/22/17</b>		Complete: <b>12/22/17</b>	



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: prep work area, neg air, water mist spray  
Double bag, Hepavac, lined dumpster, await air clearance.

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 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Big River Landfill

Address: 52 Landfill Rd

City: Leland

State: MS

Zip: 38756

Tel: 662 332-7927

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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: stop work, contact  
owner of change, contact MDEQ of change, make necessary changes.

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)

11-10-17  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell  
Type or Print Name

Jimmy Bell  
(Signature of Owner/Operator)

11-10-17  
(Date)