

# 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) <span style="float: right;">R</span>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">R</span>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <u>CLEVELAND High school</u>			
Address <u>300 West Sunflower Road</u>			
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38732</u>	
Site Location: <u>300 West Sunflower Road</u>		Tel: <u>662 719-0158</u>	
Building Size <u>6,500 SF</u>	# of Floors: <u>1</u>	Age in Years: <u>50+</u>	
Present Use: <u>High School Learning Building</u>	Prior Use: <u>High school Learning Building</u>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <u>CLEVELAND School District</u>			
Address: <u>305 MEYRITT DRIVE</u>			
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38732</u>	
Contact: <u>SHANE HAYS</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>662 820-2124</u>	
OTHER OPERATOR: <u>TAMBO'S CONSTRUCTION, INC.</u>			
Address: <u>3853 Hwy. 61 North</u>			
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38732</u>	
Contact: <u>MR LONA</u>			
V. IS ASBESTOS PRESENT? (Yes/No) <u>YES (6 Windows only)</u>			
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., Inc. Greensboro, NC</u> <u>ALBERT L. LOVE INSPECTOR Lic# ABZ-00001374, REMOVAL OF 6 windows over Christmas Holiday</u> <u>WET method. REMOVE INTACT,</u>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed	Indicate Unit of Measurement Below
		Category I /	Category II
Pipes			UNIT
Surface Area <u>1</u>	<u>Window</u> <u>Shank</u>	<input checked="" type="checkbox"/>	Ln Ft: <u>32</u> Ln M:
Vol RACM Off Facility Component			Sq Ft: <del>32</del> Sq M:
			Cu Ft:    Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>12/22/17</u> Complete: <u>12/29/17</u>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>12/29/17</u> Complete: <u>1/29/17</u>			

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DECEMBER 28 2017  
Dept. of Environmental Quality  
Dept. of Environmental Quality

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

wet method, wrap, remove intact

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: PLACE 6 mil poly OVER THE windows Inside And outside, PLACE 6 mil poly UNDERNEATH each window. Wet AND REMOVE CHAULK, w FROM outside. REMOVE window FROM outside, CLEANUP AND DOUBLE BAG CHAULK, AWAIT TEM. 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: 662 820-2124

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Big River Landfill B.F.I.

Address: 52 LANDFILL ROAD

City: LOLAND

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 ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER: NOTIFY OWNER AND M.D.C. OF CHANGE, Follow M.D.C. Directions

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.

Jimmy Bell  
Type or Print Name

Jimmy Bell supervisor  
(Signature of Owner/Operator)

12/13/17  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell  
Type or Print Name

Jimmy Bell contractor  
(Signature of Owner/Operator)

12/13/17  
(Date)