

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: <u>EAST SIDE MIDDLE SCHOOL</u>				
Address <u>601 LUCY SEABERRY BLVD.</u>				
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38732</u>	RECEIVED DEC 18 2017 MDEQ OPC	
Site Location: <u>EAST SIDE MIDDLE SCHOOL EAST SIDE CLASSROOMS</u>		Tel: <u>662 719-0158</u>		
Building Size <u>7000 sq ft</u>	# of Floors: <u>1</u>	Age in Years: <u>50+</u>		
Present Use: <u>JUNIOR HIGH SCHOOL</u>		Prior Use: <u>JUNIOR HIGH SCHOOL</u>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <u>CLEVELAND SCHOOL DISTRICT</u>				
Address: <u>305 MERRITT DRIVE</u>				
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38732</u>		
Contact: <u>SHANE HAYS (MAINTENANCE DIRECTOR)</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>662 873-4551/820-2124</u>		
OTHER OPERATOR: <u>TIMBO'S CONSTRUCTION, INC.</u>				
Address: <u>3853 HWY. 61 N.</u>				
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38732</u>		
Contact: <u>MR. LONU</u>		<u>601.503-5805</u>		
V. IS ASBESTOS PRESENT? (Yes/No) <u>YES</u> (<u>5 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. 5 EXTERIOR WINDOWS LOCATED IN EAST SIDE CLASSROOM WINDOW CAULKING. ALBERT LOVE INSPECTOR LIC # ABZ-00061376 (REMOVE WINDOWS INTACT) OVER CHRISTMAS BREAK</u>				
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	
Pipes				Ln Ft: <u>37</u> Ln M:
Surface Area	<u>Window Caulking</u>		<input checked="" type="checkbox"/>	Sq Ft: <u>37</u> Sq M:
Vol RACM Off Facility Component				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>				

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

Wet method REMOVE IN TACT

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 inside and outside of windows. Wet and remove caulking on the outside. Place caulking in double bag, remove window from the outside, wrap in poly, place into lined dumpster. 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.R.L.)
 Address: 52 Landfill Road
 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 ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER: NOTIFY OWNER AND M.D.E.R. OF CHANGE, FOLLOW M.D.E.R. DIRECTIONS.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON SITE 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 | Jimmy Bell Supervisor | 12/13/17
 Type or Print Name | (Signature of Owner/Operator) | (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell | Jimmy Bell Contractor | 12/13/17
 Type or Print Name | (Signature of Owner/Operator) | (Date)