

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

RECEIVED
DEC 21 2017
Dept. of Environmental Quality

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>MARGARET GREEN JUNIOR High school</u>			
Address: <u>400 WEST SUNFLOWER ROAD</u>			
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38732</u>	
Site Location: <u>400 WEST SUNFLOWER ROAD</u>		Tel: <u>662 719-0158</u>	
Building Size: <u>5000 Sq Ft</u>	# of Floors: <u>1</u>	Age in Years: <u>50+</u>	
Present Use: <u>VACANT FOR HOLIDAY BREAK</u>	Prior Use: <u>7-8 LEARNING CLASSROOMS</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>662 820-2124</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. Lonn</u>			
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): <u>PLM method, Scientific Analytical Lab, Greensboro, NC. Inspector Albert Love Lic # ABZ-00001376, Window caulking.</u>			
REMOVAL OF FIVE (5) EXTERIOR WINDOWS ONLY			
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	
		Category I / /	Category II
Pipes	RACM To Be Removed		Ln Ft: <u>37</u> Ln M:
Surface Area	<u>Window caulking</u>	✓	Sq Ft: <u>3</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>12/24/17</u>		Complete: <u>12/29/17</u>	

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

WET method, REMOVE Intact.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: ~~REMOVE~~ WET AND PLACE 6 mil poly OVER THE INSIDE AND OUTSIDE OF WINDOWS, PLACE poly UNDERNEATH THE OUTSIDE OF WINDOWS, REMOVE CAULKING FROM AROUND WINDOWS DOUBLE DAY CAULKING, REMOVE COMPLETE WINDOWS Intact, WRAP IN ANOTHER LAYER OF POLY, PLACE INTO DUMPSTER, AWAIT AIR CLEARANCE INSIDE CLASSROOM.

XII. WASTE TRANSPORTER #1

Name: BELL ENVIRONMENTAL SERVICES, LLC

Address: P.O. BOX 133

City: Delta City

State: MS

Zip: 39061

Contact Person:

Tel:

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Big River Landfill (OTI)

Address: 52 LANDFILL ROAD

City: LELAND

State: MS

Zip: 38756

Tel:

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.E.C. OF CHANGE, FOLLOW M.D.E.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 of Print Name

Jimmy Bell (supervisor)
(Signature of Owner/Operator)

12/19/17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type of Print Name

Jimmy Bell (Contractor)
(Signature of Owner/Operator)

12/19/17
(Date)