

RECEIVED
 FEB 23 2018
 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) 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: BOONEVILLE HOUSING				
Address: AUGUST CIRCLE, APT. # 6-B				
City: BOONEVILLE	State: MS	Zip: 38829		
Site Location: AUGUST CIRCLE, APT. # 6-B		Tel: 662-837-7835		
Building Size: 800 sq ft	# of Floors: 1	Age in Years: 40 +		
Present Use: VACANT	Prior Use: SINGLE FAMILY HOUSING			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: BOONEVILLE HOUSING AUTHORITY				
Address: 801 N. COLLEGE STREET				
City: BOONEVILLE	State: MS	Zip: 38829		
Contact: JAYRETT ROBERTS	Tel: 662-837-7835			
REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SERVICES, LLC				
Address: P.O. BOX 133				
City: DELTA CITY	State: MS	Zip: 39061		
Contact: JIMMY BELL	Tel: 662 820-2124			
OTHER OPERATOR: ROBERT BUILDERS, INC.				
Address: 204 WEST FIRST STREET				
City: RIPLEY	State: MS	Zip: 38663		
Contact: JAYRETT ROBERTS				
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, CA LABS OF BATON ROUGE, LA AUGUST, 2011 INSPECTOR WILLIAM J. YOUNG LIC# ABI-00001688 FLOOR TILE, SHEETROCK, MUD, PLASTER				
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 UNIT
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area 1	sheet rock and ceiling floor etc		✓	Sq Ft: 800 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/6/18 Complete: 3/9/18				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/11/18 Complete: 5/17/18				

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

Wet Method, NEG-Air, Full 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, SIGNS, BARRICADES, D-COD, NEG-AIR. WET REMOVE, PLACE INTO DOUBLE BAGS, PLACE INTO LINED DUMPSTER.

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: 662 820-2154 2124

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: THREE RIVER LANDFILL

Address: 1964 PONTOTOC PARKWAY

City: PONTOTOC

State: MS

Zip: 38863

Tel: 662-488-0444

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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

REMAIN UNDER FULL CONTAINMENT, CONTACT OWNER AND MDEQ, AT CHANGE, AWAIT DIRECTIVE OF MDEQ.

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.

BELL Environmental services, LLC
Type or Print Name

Jimmy Bell
(Signature of Owner/Operator)

2/23/18
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

BELL Environmental services, LLC
Type or Print Name

Jimmy Bell
(Signature of Owner/Operator)

2/23/18
(Date)