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: Future Tuesday morning

Address 400 Hwy 12 west

City: Starkville	State: MS	Zip: 39759
Site Location: 400 Hwy 12 West, Starkville, MS 39759		Tel: 601-953-3432
Building Size 15,000 s.f.	# of Floors: 1	Age in Years:
Present Use: VACANT	Prior Use: Dollar Tree Store	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)–

OWNER NAME: Action Properties II, LLC.

Address: 110 Jerry Clower Blvd. N#W

City: Yazoo City	State: MS	Zip: 39194
Contact: Steve Phillip		Tel: 601 953 - 3432

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: Kennedy Construction, LLC.

Address: 349 East Holly Ridge Road

City: Gatlinburg	State: TN	Zip: 37738
Contact: Michael Kennedy		

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, Floor Tile, Mastic. Paul Anderson Inspector, Lic. # ABI-0000686 Exp. Date 7/15/18. Inspected 2/9/18 12x12 Floor Tile, Bottom Layer CEI Labs., Cary, NC 27511

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	UNIT	
Pipes				LnFt:	Ln M:
Surface Area 1	Flow Tile Mastic		✓	SqFt: 9,600	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/9/18 Complete: 3/19/18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/21/18 Complete: 8/21/18

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Wet method, 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, negair, D-con, 6mil poly over windows and doors, neg air in back of building. Wet, remove, double bag, tag, await air clearance. Place bags into lined dumpsters

XII. WASTE TRANSPORTER #1

Name: Waste Pro USA Columbus, Inc.

Address: 1600 12th Ave, South

City: Columbus | State: MS | Zip: 39703

Contact Person: Julie Coddings | Tel: 662-328-5528

WASTE TRANSPORTER #2 N/A

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Robo Landfill

Address: 6447 Mollie Road

City: Scooba | State: MS | Zip: 39358

Tel: 662-793-4795

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
Remain under Full containment, contact owner of change, contact M.D.E.Q. of change await M.D.E.Q. Directions, make any necessary 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.

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:

Jimmy Bell (Type or Print Name) Jimmy Bell (Signature of Owner/Operator) 2/23/18 (Date)