RECEIVED

MAR 09 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) 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: Booneville Housing Authority

Address 801 N. College Street

City: Booneville	State: MS	Zip: 38829
Site Location: August Circle, Apt. # 6-B		Tel: 662-887-7835
Building Size 800 sf.	# of Floors: 1	Age in Years: 40+-
Present Use: Vacant	Prior Use: Single Family Housing Unit	

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: Jarrett Roberts		Tel:

REMOVAL CONTRACTOR Bell Environmental Services, LLC

Address: P.O. Box 133		
City: Delta City	State: MS	Zip: 39061
Contact: Jimmy Bell		Tel:

OTHER OPERATOR: Robert's Builders, Inc.

Address: 204 West First Street		
City: Ripley	State: MS	Zip: 38663
Contact: Jarrett 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. Inspected Aug., 2011, Inspector Name & Lic # William J. Young, ABI-0000 1688, Floor Tile, Sheetrock, Mastic Bold Ceiling Material

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	Sheetrock, Mastic, Floor Tile, Ceiling		✓	SqFt: 800	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/21/18 Complete: 3/25/18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/26/18 Complete: 5/26/18

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, Barricades, D-Con, Neg-Air Wet Remove, Double Bag, Place into Lined Dumpster, Await Air 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: Three River Regional Landfill

Address: 1904 Pontotoc Parkway Dr.

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Remain under containment, keep wet, notify owner, contact M.DEQ. of change await M.D.E.Q. 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.

Bell Environmental Services, LLC. | Jimmy Bell | 3/4/18

Type or Print Name | (Signature of Owner/Operator) | (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell | Jimmy Bell | 3/4/18

Type or Print Name | (Signature of Owner/Operator) | (Date)