

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

RECEIVED
APR 04 2018

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) Dept. of Environmental Quality			
Bldg. Name: <u>BOONEVILLE Housing Authority</u>			
Address: <u>801 N. COLLEGE STREET</u>			
City: <u>BOONVILLE</u>	State: <u>MS</u>	Zip: <u>38829</u>	
Site Location: <u>AUGUST Circle Apt. # 6-B</u>		Tel: <u>662 837-7835</u>	
Building Size: <u>800 SF</u>	# of Floors: <u>1</u>	Age in Years:	
Present Use: <u>VACANT</u>	Prior Use: <u>SINGLE FAMILY HOUSING UNIT</u>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <u>BOONVILLE Housing Authority</u>			
Address: <u>801 N. COLLEGE STREET</u>			
City: <u>BOONVILLE</u>	State: <u>MS</u>	Zip: <u>38829</u>	
Contact: <u>JARRETT ROBERTS</u>		Tel: <u>662 837 7835</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:	
OTHER OPERATOR: <u>Robert Builders, INC.</u>			
Address: <u>204 WEST FIRST STREET</u>			
City: <u>RIPLEY</u>	State: <u>MS</u>	Zip: <u>38663</u>	
Contact: <u>JARRETT ROBERTS</u>			
V. IS ASBESTOS PRESENT? (Yes/No) <u>YES</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 L.A. LABS. OF BATON ROUGE, LA</u> <u>FLOOR TILE AND CEILING MATERIAL. INSPECTED Aug. 2011 by WILLIAM J. YOUNG Lic. #</u> <u>AST-00001698</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	
		Category I	Category II
		Indicate Unit of Measurement Below	
Pipes			UNIT
Surface Area	<u>1</u>	<u>✓</u>	Ln Ft: Ln M: Sq Ft: <u>800</u> Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>4/3/18</u> Complete: <u>4/5/18</u>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>4/5/18</u> Complete: <u>6/5/18</u>			

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III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <u>BOONEVILLE Housing Authority</u>			
Address <u>801 N. COLLEGE STREET</u>			
City: <u>BOONVILLE</u>	State: <u>MS</u>	Zip: <u>38829</u>	
Site Location: <u>August Circle Apt # 6-B</u>		Tel: <u>662 837-7835</u>	
Building Size: <u>800 SF</u>	# of Floors: <u>1</u>	Age in Years:	
Present Use: <u>VACANT</u>	Prior Use: <u>SINGLE FAMILY HOUSING UNIT</u>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <u>Boonville Housing Authority</u>			
Address: <u>801 N. COLLEGE STREET</u>			
City: <u>BOONVILLE</u>	State: <u>MS</u>	Zip: <u>38829</u>	
Contact: <u>JARRETT ROBERTS</u>		Tel: <u>662 837 7835</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:	
OTHER OPERATOR: <u>Robert Builders, INC.</u>			
Address: <u>204 WEST FIRST STREET</u>			
City: <u>RIPLEY</u>	State: <u>MS</u>	Zip: <u>38663</u>	
Contact: <u>JARRETT ROBERTS</u>			
V. IS ASBESTOS PRESENT? (Yes/No) <u>YES</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 G.A. LABS. OF BATON ROUGE, LA</u> <u>FLOOR TILE AND CEILING MATERIAL. INSPECTED Aug. 2011 by WILLIAM J. YOUNG LIC.</u> <u>AST-0001688</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 Category I Category II	Indicate Unit of Measurement Below UNIT
Pipes			Ln Ft Ln M:
Surface Area <u>1</u>	<u>Sheet Rock Ceiling, floor tile</u>	<u>✓</u>	Sq Ft: <u>800</u> Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>4/3/18</u>		Complete: <u>4/5/18</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>4/5/18</u>		Complete: <u>6/5/18</u>	

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