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APR 13 2018

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) <u>O</u>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>D</u>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <u>MYRTLE ATTENDANCE CENTER Resident Housing unit</u>			
Address <u>1014 HAWK AVE.</u>			
City: <u>MYRTLE</u>	State: <u>MS</u>	Zip: <u>38650</u>	
Site Location: <u>1014 HAWK AVE., MYRTLE, MS 38650</u>		Tel: <u>662-534-1960</u>	
Building Size <u>1,000 sq. ft.</u>	# of Floors: <u>1</u>	Age in Years: <u>30 +</u>	
Present Use: <u>VACANT</u>	Prior Use: <u>TEACHER'S Housing unit</u>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <u>UNION COUNTY School District</u>			
Address: <u>250 CARTER AVE.</u>			
City: <u>NEW ALBANY</u>	State: <u>MS</u>	Zip: <u>38652</u>	
Contact: <u>CLARENCE D. PARKER</u>	Tel: <u>662-534-1960</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>UNION COUNTY School District (MAINTENANCE DEPT.)</u>			
Address: <u>1008 HAWK AVE.</u>			
City: <u>MYRTLE</u>	State: <u>MS</u>	Zip: <u>38650</u>	
Contact: <u>CLARENCE D. PARKER</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, INSPECTOR CLARENCE D. PARKER, Lic # AB1-00007925</u> <u>Inspected 10/6/16, E.M.S.L. ANALYTICAL (AB-200). SHEETROCK PAINT Bedrooms And Living room</u>			
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		RACM To Be Removed Category I Category II	
		Indicate Unit of Measurement Below	
		UNIT	
Pipes			Ln Ft: Ln M:
Surface Area <u>1</u>	<u>SHEETROCK WALLS</u>	<u>✓</u>	Sq Ft: <u>700</u> Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>4/18/18</u>		Complete: <u>4/23/18</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>4/22/18</u>		Complete: <u>4/25/18</u>	

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

Wet Method, 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, PREP Dumpster, Wet And Remove Sheetrock onto 6 mil Poly on floor, wrap large pieces of sheetrock in poly, tape, tag. Place small pieces in 70 bags. Place into lined Dumpster. Wet And Demo Housing unit using trackhoe, keep wet. Haul debris to landfill.

XII. WASTE TRANSPORTER #1

Name: Construction Waste Management, Inc.

Address: P.O. Box 2489

City: Oxford

State: MS

Zip: 38655

Contact Person: LEE MARKUS

Tel: 662-513-7999

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 West

City: Pontotoc

State: MS

Zip: 38663

Tel: 662-484-0444

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

stop work, contact owner and M.D.E.Q., at change, follow 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.

Jimmy Bell

Type or Print Name

Jimmy Bell Supervisor

(Signature of Owner/Operator)

4/11/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bell Environmental Services, LLC

Type or Print Name

Jimmy Bell Contractor

(Signature of Owner/Operator)

4/11/18

(Date)