55773

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: Ruleville middle School

Address: 250 East Oscar Street

City: Ruleville	State: MS	Zip: 38771
Site Location: 250 East Oscar Street, Ruleville, MS 38771		Tel: 662 299 - 7190
Building Size: 9,000 Sq. Ft.	# of Floors: 1	Age in Years: 50 + 1
Present Use: Middle School Learning Building	Prior Use: VACANT for Summer Break	

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

OWNER NAME: Sunflower County Consoildated School District

Address: 196 North MLK Drive

City: Indianola	State: MS	Zip: 38751
Contact: Albert L. Love		Tel: 662 299 - 7190

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: Sunflower County Consoildated School District (Maintenance Dept.)

Address: 196 N. & MLK Drive

City: Indianola	State: MS	Zip: 38751
Contact: Albert L. Love		

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): P.L.M. Method, Analytical Institute, Inc. Lab. Greensboro, NC. Albert L. Love Inspector Lic. # AB7-0000136, Floor Tile/Mastic Classroom

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	Floor Tile Mastic		✓	SqFt: 2600	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/25/18 Complete: 5/28/18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/30/18. Complete: 6/30/18

RECEIVED
MAY 11 2018
Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
WET method, under 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, CONNECT BOTH CLASSROOMS; NEG-AIR, D-CON, WATER MIST SPRAYER, REMOVE AND BAG TILE, DROP TAG, BAG, PLACE INTO LINED DUMPSTER, REMOVE MASTIC, 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: Big River LANDFILL

Address: 52 LANDFILL ROAD

City: LELAND | State: MS | Zip: 38756

Tel: 662 332-7927

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: STOP WORK, SEAL OFF WORK AREA, CONTACT OWNER AND M.D.E.Q. OF CHANGE AWAIT MDEQ INSTRUCTIONS.

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 — 5/7/18
Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell, Jimmy Bell — 5/7/18
Type or Print Name (Signature of Owner/Operator) (Date)