

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: <u>PINECREST Subdivision</u>					
Address <u>128 South Street</u>					
City: <u>SALTILLO</u>	State: <u>MS</u>	Zip: <u>38864</u>			
Site Location: <u>128 south street SALTILLO, MS 38864</u>			Tel:		
Building Size <u>1,000 SF</u>	# of Floors: <u>1</u>	Age in Years: <u>40 + -</u>			
Present Use: <u>VACANT FOR REPAIRS</u>	Prior Use: <u>Single Family (2) Bedroom Housing unit</u>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>TENN. VALLEY Regional Housing Authority</u>					
Address: <u>P.O. BOX 1329 COVINTH, MS, 38835</u>					
City: <u>CovintH</u>	State: <u>MS</u>	Zip: <u>38835</u>			
Contact: <u>RICK HARRISON</u>	Tel: <u>662 286-8437</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>HOOKEY CONSTRUCTION, INC.</u>					
Address: <u>P.O. BOX 8</u>					
City: <u>THAXON</u>	State: <u>MS</u>	Zip: <u>38871</u>			
Contact: <u>ADRIAN PORTER</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, INSPECTED 10/12/13 by WILLIAM J. YOUNG</u> <u>LIC. # I-42264-1913 ERG, ENVIRONMENTAL, INC., Lab., DUMAS, ARK. (Ceiling Tile)</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		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area <u>1</u>	<u>Ceiling Tile 700sf</u>	<input checked="" type="checkbox"/>		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>6/12/18</u> Complete: <u>6/14/18</u>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>6/15/18</u> Complete: <u>8/15/18</u>					

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

WET method, UNDER CONTAINMENT, AIR MONITORING/AIR CLEARANCE.

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 D-CON UNITS, NEG. AIR UNITS, PLACE 6 MIL POLY OVER WINDOWS AND DOORWAYS. WET AND REMOVE CEILING ONTO 6 MIL POLY ON FLOOR, BREAKUP INTO SMALLER PIECES, PLACE IN ASBESTOS BAGS, DROP TAG, TAPE UP PLACE INTO LINED DUMPSTER. AVOID 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:

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

City: PONTOTOC

State: MS

Zip: 38863

Tel: 662.488.0444

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK, REMAIN UNDER CONTAINMENT, CONTACT OWNER AND M.D.E.R. OF CHANGE AWA-7 M.D.E.R. 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.

Type or Print Name

(Signature of Owner/Operator)

5/29/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

(Signature of Owner/Operator)

5/29/18

(Date)

RECEIVED
MAY 30 REC'D
Dept. of Environmental Quality