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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>EAST SUNFLOWER ELEMENTARY</u> (OLD SCHOOL NOT IN USE FOR YEARS)					
Address: <u>804 CLAIBORNE STREET</u>					
City: <u>SUNFLOWER</u>	State: <u>MS</u>	Zip: <u>38778</u>			
Site Location: <u>804 CLAIBORNE</u>		Tel: <u>662 564 3137</u>			
Building Size: <u>2090 SF</u>	# of Floors: <u>1</u>	Age in Years: <u>40+ -</u>			
Present Use: <u>VACANT</u>	Prior Use: <u>ELEMENTARY SCHOOL</u>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT</u>					
Address: <u>P.O. BOX 70 / HWY 49 NORTH</u>					
City: <u>INDIANOLA</u>	State: <u>MS</u>	Zip: <u>38751</u>			
Contact: <u>ALBERT L. LOVE</u>		Tel: <u>662 564 3137</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>SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT</u>					
Address: <u>P.O. BOX 70 U.S. HWY. 49 NORTH</u>					
City: <u>INDIANOLA</u>	State: <u>MS</u>	Zip: <u>38751</u>			
Contact: <u>MAINTENANCE DEPARTMENT</u>					
V. IS ASBESTOS PRESENT? (Yes/No) <u>YES</u> (FLOOR TILE ONLY)					
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, ANALYTICAL INSUTUTE, INC., LAB, GREENSBORO, NC. ALBERT LOVE INSPECTOR LIC# AB100001376 FLOOR TILE/MASKED INSPECTED 2016.</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>FLOOR TILE MASKED</u>	<u>✓</u>	Sq Ft: <u>690</u>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>6/17/18</u> Complete: <u>6/18/18</u>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>6/18/18</u> Complete: <u>8/18/18</u>					

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

WET METHOD, KEEP CONTAINED INSIDE EXISTING WALLS

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, POLY OVER WINDOWS AND DOORWAYS, WET REMOVE, DOUBLE BAG, PLACE INTO LIKED DUMPSTOV

XII. WASTE TRANSPORTER #1

Name: BELL ENVIRONMENTAL SERVICES, LLC.

Address: P.O. BOX 133

City: DELTA City

State: MS

Zip: 39066

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: (B.F.F.) 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 ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER: OPEN CLASSROOMS NO WINDOWS OR DOORS, CONTINUE TO KEEP WET AND BAG, INSIDE BUILDING FRAME.

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
Type or Print Name (Signature of Owner/Operator)

6/6/18
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell Jimmy Bell
Type or Print Name (Signature of Owner/Operator)

6/6/18
(Date)