74864

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: George Street Storage Building

Address 607 George Street

City: Greenwood	State: MS	Zip: 38935
Site Location: 607 George Street		Tel:
Building Size 4,000 s.f.	# of Floors: 2	Age in Years: 70 + -
Present Use: VACANT	Prior Use: STORAGE	

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

OWNER NAME: Lee Abraham Jr.

Address: P.O. Box 804

City: Greenwood	State: MS	Zip: 38935 - 8407
Contact: Lee Abraham Jr.		Tel: 662-453-3059

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: Lee Abraham Jr.

Address: P.O. Box 804

City: Greenwood	State: MS	Zip: 38935 - 8407
Contact: Lee Abraham Jr.		

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): PLM method, Scientifical Analytical Lab., Greensboro, N.C. Albert L. Love Inspector, Lic. # MBI-0001376 6/12/16/ Floor Tile, Pipe Insulation Roof Flashing of Second Floor and Roof.

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	Pipe Insulation		✓	LnFt: 65	Ln M:
Surface Area	Floor Tile Roof Flashing		✓	SqFt: 300	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/28/18 Complete: 10/3/18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/3/18 Complete: 12/3/18

SEP 24 2018

MDEQ OPC

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, PLACE SIGNS, D-CON, NEG-AIR, WET, REMOVE, DOUBLE BAG, AIR CLEARANCE.

XII. WASTE TRANSPORTER #1

Name: BELL ENVIRONMENTAL SERVICES, LLC.

Address: P.O. BOX 133

City: DELTA CITY | State: MS | Zip: 39041

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: LEFLORE COUNTY LANDFILL

Address: 15200 US HWY. 49E SOUTH

City: SIDON | State: MS | Zip: 38954

Tel: 662-455-7760

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 UP BUILDING, CONTACT OWNER AND MDEQ, OF CHANGE, AWAIT DIRECTIONS OF M.D.E.Q.

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 | (Signature of Owner/Operator) | 9/20/18 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JIMMY BELL — Type or Print Name | (Signature of Owner/Operator) | 9/20/18 (Date)