75249

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 = ORIGINAL

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R = RENOVATION

RECEIVED MAR 11 2019 Dept. of Environmental Quality

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: WARREN CENTRAL High School

Address 1000 Hwy. 27 North

City: Vicksburg	State: MS	Zip: 39180
Site Location: 1000 Hwy. 27 North Vicksburg, MS		Tel: 601-638-3372
Building Size 12,000 sq.ft	# of Floors: 1	Age in Years: 45 + -
Present Use: High School LEARNING	Prior Use: High School LEARNING	

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

OWNER NAME: Vicksburg - WARREN COUNTY School District

Address: 1500 MISSION 66

City: Vicksburg	State: MS	Zip: 39182
Contact: CALVIN PERKINS		Tel: 601-638-5122

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: Vicksburg-WARREN County School District MAINTENANCE DEPT.

Address: 1500 MISSION 66

City: Vicksburg,	State: MS	Zip: 39182
Contact: CALVIN PERKINS		

V. IS ASBESTOS PRESENT? (Yes/No) (YES) The North HALL ENTRANCE Building #A

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): INSPECTED 1989 INITAL MANAGEMENT PLAN by ALBERT L LOVE Certification # ABI-0000 1376 using The P.L.M. Method of Micro Method LAB, Gulfport, MS

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 #7	Floor Tile mastic		✓	SqFt: 290	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/14/19 Complete: 3/16/19

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/18/19 Complete: 4/18/19

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
WET METHOD / CONTAINMENT / NEG-AIR / D-CON / 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, BARRICADES, NEG-AIR, D-CON. WET, REMOVE, DOUBLE BAG, CLEAN, 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:

WASTE TRANSPORTER #2 N/A

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: LEAFLOVE COUNTY LANDFILL

Address: 15200 HWY 49 SOUTH

City: SIDON | State: MS | Zip: 38954

Tel: 662-455-7066

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:

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, CONTACT OWNER AND M.D.E.Q. OF CHANGE, AWAIT 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 (Signature of Owner/Operator) | 3/7/19 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JIMMY BELL (Type or Print Name) | Jimmy Bell (Signature of Owner/Operator) | 3/7/19 (Date)