

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only): 5/2/22	Date Received: 5/4/22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):		R= Revised Start Date 5/6/2022	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):		R= RENOVATIONS	
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: <u>Mississippi Wildlife Heritage Museum</u>			
Address: <u>302 N Broad Street</u>			
City: <u>LELAND</u>	State: <u>MS</u>	Zip: <u>38956</u>	RECEIVED MAY 04 2022 Department of Environmental Quality
Site Location: <u>302 N Broad Street, Leland, MS</u>		Tel: <u>662-686-7085</u>	
Building Size: <u>3,300 SF</u>	# of Floors: <u>1</u>	Age in Years: <u>60+</u>	
Present Use: <u>VACANT</u>	Prior Use: <u>FIVE & DIME STORE</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: <u>Mississippi Wildlife Heritage Museum</u>			
Address: <u>302 N Broad Street</u>			
City: <u>LELAND</u>	State: <u>MS</u>	Zip: <u>38756</u>	
Contact: <u>Billy Johnson</u>	Tel: <u>662-686-7085</u>		
ASBESTOS 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>		
Certification Number: <u>ABC-00001282</u>	Expiration Date: <u>1/5/2023</u>		
OTHER OPERATOR: <u>DAVID Smith Construction, INC.</u>			
Address: <u>P.O. BOX 91</u>			
City: <u>INUYESS</u>	State: <u>MS</u>	Zip: <u>38753</u>	
Contact: <u>LEE EVANS</u>	Tel: <u>662-207 1564</u>		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>NO REMOVE AS ASBESTOS</u>			
WAS ASBESTOS PRESENT? (Yes/No): <u>YES FLOOR TILE/MASTIC</u>		Inspection Date: _____	
Inspector: _____	Certification Number: _____	Expiration Date: _____	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <u>9x9 FLOOR TILE/BLACK MASTIC/VINYL KICK BOARD TREATED AS ASBESTOS</u>			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT): <u>0</u>	Surface Area (SQ FT): <u>3,000</u>	Volume of Facility Components (CU FT): <u>0</u>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I: <u>Floor Tile/mastic/Vinyl Kick Board</u>		Category II: _____	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>5/4/2022</u>		Complete: <u>5/8/2022</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>5/10/2022</u>		Complete: <u>7/10/2022</u>	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: *WET METHOD, NEG-Air, D-CON UNIT, CONTAINMENT, INDEPENDENT AIR MONITOR/AIR CLEARANCE*

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: *PLACE Asbestos signs AT ALL ENTRANCES, COVER ALL windows/DOORS WITH 6 mil poly, WET, REMOVE, DOUBLE BAG TILE/MASTIC, DROP TAG, PLACE BAGS INTO LINED TRAILER DUMP. COVER WITH TARP, DELIVER TO APPROVED LANDFILL*

XIII. 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:

XIV. WASTE DISPOSAL SITE

Name: *LEFLORE County REGIONAL LANDFILL*
Address: *15200 US Hwy 49E South*
City: *Sidon* State: *MS* Zip: *38954*
Contact Person: *MABEL BROWN* Tel: *662-455-6477*

XV. 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):

XVI. 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:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER: *stop work REMAIN UNDER CONTAINMENT WITH NEG-Air PRESSURE, CONTACT OWNER AND MDEQ OF CHANGE. FOLLOW MDEQ DIRECTION*

XVIII. 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 _____ *Jimmy Bell* _____ *4/21/2022* _____
Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: *Jimmy Bell* _____ *Jimmy Bell* _____ *4/21/2022* _____
Type or Print Name (Signature of Owner/Operator) (Date)