

# 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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (Mail only)	Date Prepared: <b>5/17/2022</b>	Alt Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):		<b>O = ORIGINAL</b>		
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):		<b>R = RENOVATIONS</b>		
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>WEST UNION ATTENDANCE CENTER</b>				
Address: <b>1610 Hwy 30 W</b>				
City: <b>Myrtle</b>	State: <b>MS</b>	Zip: <b>39650</b>		
Site Location: <b>1610 Hwy 30 W Myrtle, MS 39650</b>		Tel: <b>662-489-2567</b>		
Building Size: <b>12,000 SF</b>	# of Floors: <b>1</b>	Age in Years: <b>40 +</b>		
Present Use: <b>VACANT FOR REPAIRS</b>	Prior Use: <b>SCHOOL LEARNING CLASSROOMS</b>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>UNION COUNTY SCHOOL SYSTEM</b>				
Address: <b>P.O. BOX 939 / 250 CARTER AVENUE</b>				
City: <b>NEW ALBANY</b>	State: <b>MS</b>	Zip: <b>38652</b>		
Contact: <b>Randy Enlow</b>	Tel: <b>662-489-2567</b>			
ASBESTOS REMOVAL CONTRACTOR: <b>BELL ENVIRONMENTAL SERVICES, LLC</b>				
Address: <b>P.O. BOX 133</b>				
City: <b>DELTA CITY</b>	State: <b>MS</b>	Zip: <b>39061</b>		
Contact: <b>JIMMY BELL</b>	Tel: <b>662-820-2124</b>			
Certification Number: <b>ABC-00001282</b>	Expiration Date: <b>1/5/2023</b>			
OTHER OPERATOR: <b>HOOKER CONSTRUCTION, INC.</b>				
Address: <b>P.O. BOX 8 / 10719 HWY 336 W</b>				
City: <b>THAXTON</b>	State: <b>MS</b>	Zip: <b>38871</b>		
Contact: <b>Randy Enlow</b>	Tel: <b>662-489-2567</b>			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>YES</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>YES</b>		Inspection Date: <b>11/22/2021</b>		
Inspector: <b>LAMAR GILLILAND</b>	Certification Number: <b>ABJ-00001036</b>	Expiration Date: <b>2/19/2022</b>		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>9x9 TAN FLOOR TILE/black mastic. SAMPLES WERE ANALYZED BY CA LABS OF BATON ROUGE, LA USING THE PLM METHOD</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>5,282 SF Floor tile/mastic</b>				
Pipes (LN FT): <b>0</b>	Surface Area (SQ FT): <b>5282</b>	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <input checked="" type="checkbox"/>	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/24/2022</b>		Complete: <b>6/20/2022</b>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>6/11/2022</b>		Complete: <b>6/27/2022</b>		

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

Wet method, Containment, D-Containment, Neg-Air, Air monitoring / Air clearance  
Bag / Drop tags / Tape close / lined Dumpster.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

6 mil poly over windows, doors, Air vents.  
spray mist water, Bag up wet.

XIII. WASTE TRANSPORTER #1

Name: CONSTRUCTION WASTE MANAGEMENT

Address: P.O. BOX 2489

City: OXFORD

State: MS

Zip: 38655

Contact Person: T.J.

Tel: 662-513-7999

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: THREE RIVER REGIONAL LANDFILL

Address: 1904 PONTIAC PARKWAY WEST

City: PONTIAC

State: MS

Zip: 38863

Contact Person: AMANDA SMITHFIELD

Tel: 662-488-0494

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 GRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

REMAIN UNDER CONTAINMENT, STOP REMOVAL PROCESS, WET WORK AREA, CONTACT OWNER AND MDER  
OR CHANGE, FOLLOW MDER DIRECTIONS

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

Type or Print Name

*Jimmy Bell*

(Signature of Owner/Operator)

5/17/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

*Jimmy Bell*

(Signature of Owner/Operator)

5/17/2022

(Date)