

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

(P1)

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 Received 5/31/22	AI Number
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 = RENOVATIONS				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: MYRTLE ATTENDANCE CENTER				
Address: 1009 HAWK AVENUE				
City: MYRTLE		State: MS	Zip: 38650	
Site Location: 1009 HAWK AVE Building # A			Tel: 662-489-2557	
Building Size: 8000 sq ft		# of Floors: 1	Age in Years: 40+	
Present Use: VACANT FOR REPAIRS		Prior Use: STUDENTS LEARNING CLASSROOMS		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: UNION COUNTY SCHOOL SYSTEM				
Address: P.O. BOX 939 / 250 CARTER AVENUE				
City: NEW ALBANY		State: MS	Zip: 38652	
Contact: RANDY ENBOW			Tel: 662-489-2557	
ASBESTOS 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	
Certification Number: ABC-00001282			Expiration Date: 1/5/2023	
OTHER OPERATOR: HOOVER CONSTRUCTION, INC.				
Address: P.O. BOX 8				
City: THAXTON		State: MS	Zip: 38871	
Contact: RANDY ENBOW			Tel: 662-489-2527	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 11/22/2021	
Inspector: LAMAR GILLILAND		Certification Number: ABZ-00001036	Expiration Date: 2/9/2021	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: FLOOR TILE/MASTIC SAMPLES COLLECTED ANALYZED BY CA LABS., INC. OF BATON-ROUGE, LA, USING THE PLM METHOD.				
VII. QUANTITY OF RACM TO BE REMOVED: 4100 sq ft Floor tile/mastic				
Pipes (LN FT): 0	Surface Area (SQ FT): 4100	Volume of Facility Components (CU FT): 0		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <input checked="" type="checkbox"/>		Category II: <input type="checkbox"/>		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: July 1, 2022 Complete: August 25, 2022				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: August 25, 2022 Complete: Sept 20, 2022				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Wet Method, Containment, D-CON unit, NEG-Air units, Air monitoring/Airclearance, M-3
Wetting Agent, Double Bags, Drop Tags, Taped Close, Lined Dumpsters

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, Doorways, Heating/Ac Vents,
6 mil poly over ALL objects that cant be moved.

XIII. WASTE TRANSPORTER #1

Name: Construction Waste Management

Address: P.O. BOX 2484

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 Pontotoc Parkway West

City: Pontotoc

State: MS

Zip: 38863

Contact Person: Amanda Satterfield

Tel: 662-488-0444

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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:
REMAIN UNDER CONTAINMENT, NEG-AIR, CONTINUE TO KEEP WET, STOP REMOVAL PROCESS,
CONTACT OWNER AND MDEQ OF CHANGE. FOLLOW MDEQ 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)

6/1/2022
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type or Print Name

Jimmy Bell
(Signature of Owner/Operator)

6/1/2022
(Date)