

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Side 1

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	Footmark (mail only)	Date Received 6.5.2022	AI Number
I. Type of Notification (O=Original R=Revised C=Cancelled A= Annual): <b>O=ORIGINAL</b>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R=RENOVATION</b>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: <b>ST JAMES EPISCOPAL CHURCH DAY SCHOOL</b>			
Address: <b>1026 SOUTH WASHINGTON AVENUE</b>			
City: <b>GREENVILLE</b>	State: <b>MS</b>	Zip: <b>38701</b>	
Site Location: <b>1026 SOUTH WASHINGTON AVE</b>		Tel: <b>662 378 7676</b>	
Building Size: <b>1,800 sq ft</b>	# of Floors: <b>1</b>	Age in Years: <b>40+</b>	
Present Use: <b>VACANT FOR RENOVATIONS</b>	Prior Use: <b>Day School for Children</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: <b>ST JAMES EPISCOPAL Church</b>			
Address: <b>1026 South Washington Avenue</b>			
City: <b>GREENVILLE</b>	State: <b>MS</b>	Zip: <b>38701</b>	
Contact: <b>MS Ginny Cochran (Director)</b>	Tel: <b>662-379-7676</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>ST. JAMES EPISCOPAL Church (members)</b>			
Address: <b>1026 South Washington Ave.</b>			
City: <b>GREENVILLE</b>	State: <b>MS</b>	Zip: <b>38701</b>	
Contact: <b>BRAD JONES</b>	Tel: <b>662-379-7676</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>4/25/2022</b>	
Inspector: <b>VANCE NIMROD P.E.</b>	Certification Number: <b>ABI-00001505</b>	Expiration Date: <b>4/14/2023</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>TRANSITE SHEET PANEL BOARD. SPLASH BOARD BOYS BATHROOM. SAMPLES ANALYZED BY EMSL ANALYTICAL, INC., BATON ROUGE, LA 70809</b> <b>TESTED FOR ASBESTOS AND LEAD PAINT 5/13/2022</b>			
VII. QUANTITY OF RACM TO BE REMOVED: <b>(1) 4x8 TRANSITE SHEET PANEL BOARD BOYS BATHROOM</b>			
Pipes (LN FT): <b>0</b>	Surface Area (SQ FT): <b>4x8</b>	Volume of Facility Components (CU FT): <b>0</b>	
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>6/6/2022</b>		Complete: <b>6/6/2022</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>6/6/2022</b>		Complete: <b>7/6/2022</b>	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
REMOVE 4x8 SHEET PANEL FROM WALL, INTACT WRAP IN 6 MIL POLY, TAPE CLOSE, LOAD INTO TRAILER. DUMP, TAMP. (ONE SHEET OF 4x8 PANEL)

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: REMOVE INTACT, WRAP WITH 6 MIL POLY, TAPE, TAPE. PLACE INTO COVERED TRAILER - DUMP.

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: LAYLOVE COUNTY LANDFILL

Address: 15200 US HWY 49E SOUTH

City: SIDON State: MS Zip: 38954

Contact Person: MABEL BROWN Tel: 662-455-6471

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: REPAIRING BATHROOM FOR SUMMER SCHOOL CLASSES

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event: CONTACT OWNER / MDEQ OF CHANGE.

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: STOP WORK, CONTACT OWNER / MDEQ OF CHANGE. REVISE NOTIFICATION.

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)

6/4/2022  
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell  
Type or Print Name

*Jimmy Bell*  
(Signature of Owner/Operator)

6/4/2022  
(Date)