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"Rev"

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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 Received 6/28/2022	Alt Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R = Revised & Change start Date				
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: God's Helping Hands Learning Academy				
Address: 401 McLEMORE STREET				
City: GREENWOOD	State: MS	Zip: 38930		
Site Location: 401 McLEMORE STREET, GREENWOOD, MS		Tel: 662-644-5160		
Building Size: 1,900 sq. ft.	# of Floors: 1	Age in Years: 50+		
Present Use: VACANT FOR REPAIRS	Prior Use: Child LEARNING CENTER			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: God's Helping Hands Learning Academy				
Address: 401 McLEMORE STREET				
City: GREENWOOD	State: MS	Zip: 38930		
Contact: MS TAKISHA BISHOP	Tel: 662-644-5160			
ASBESTOS REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SERVICES, LLC.				
Address: P.O. BOX 133				
City: DELTA City	State: MS	Zip: 39061		
Contact: JIMMY BELL	Tel:			
Certification Number: ABC-0000 1282	Expiration Date: 1/5/2023			
OTHER OPERATOR: God's Helping Hands Learning Academy				
Address: 401 McLEMORE STREET				
City: GREENWOOD	State: MS	Zip: 38930		
Contact: TAKISHA BISHOP	Tel: 662-644-5160			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 4/14/2022	
Inspector: VANCE Nimrod P.E.	Certification Number: ADI-00001505	Expiration Date: 2/15/2023		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Took A TOTAL of 32 suspected Asbestos samples - Roof, SHEETROCK, window caulk ceiling tile etc.				
VII. QUANTITY OF RACM TO BE REMOVED: 190 sq. ft. of LINOLEUM LOCATE in utility ROOM and Art ROOM				
Pipes (LN FT): 0	Surface Area (SQ FT): 190	Volume of Facility Components (CU FT): 0		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <input checked="" type="checkbox"/>	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/15/2022		Complete: 7/18/2022		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/19/2022		Complete: 7/23/2022		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
 PLACE under containment, NEG-AIR ISOLATE work area with 6 mil poly, wet
 Method, Air monitoring

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: WET FLOORING, SCRAPE with RAZOR Spud Bars, Double BAG SPRAY mastic REMOVAL ONTO GLUE. REMOVE, Double BAG, HEPA-VAC AREA. WAIT ON AIR CLEARANCE SAMPLES. TO RE-ENTER.

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: LEFLOVE County Landfill

Address: 15200 U.S. 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: N/A

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

Description of the sudden unexpected event: STOP WORK

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 ASTESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:
stop work, REMAIN under containment with NEG-AIR, 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) 6/28/2022 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell Type or Print Name
Jimmy Bell (Signature of Owner/Operator) 6/28/2022 (Date)