


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

|  |                                       |  |   |           |
|--|---------------------------------------|--|---|-----------|
| MDEQ Use Only:<br><input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery   |                                       | Postmark (mail only)<br>4-13-23          | Date Received   | 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 = RENOVATION E=EMER.                   |   |           |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number):  |                                       |  |   |           |
| Bldg. Name: DAV'S ELEMENTARY SCHOOL  |                                       |  |   |           |
| Address: 400 COTTON STREET   |                                       |  |   |           |
| City: GREENWOOD  | State: MS                             | Zip: 38930                               |  |           |
| Site Location: 400 COTTON STREET, GREENWOOD, MS 38930  |                                       | Tel:                                     |   |           |
| Building Size: 6000 SF   | # of Floors: 1                        | Age in Years:                            |   |           |
| Present Use: VACANT CLOSED   | Prior Use: ELEMENTARY SCHOOL          |  |   |           |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)   |                                       |  |   |           |
| OWNER NAME: GREENWOOD SCHOOL DISTRICT  |                                       |  |   |           |
| Address: 400 COTTON STREET / <del>2665 BROAD AVE</del> 201 EAST ADAMS  |                                       |  |   |           |
| City: GREENWOOD  | State: MS                             | Zip: 38930                               |   |           |
| Contact: ROBERT DRAPER   | Tel: 662-931-1213                     |  |   |           |
| 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: 1/5/24               |  |   |           |
| OTHER OPERATOR: MAINSTAGE THEATRICAL SUPPLY  |                                       |  |   |           |
| Address: 2665 BROAD AVE  |                                       |  |   |           |
| City: MEMPHIS  | State: TN                             | Zip: 38112                               |   |           |
| Contact: CHARLES MCGOWAN   | Tel: 850.492-2332                     |  |   |           |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO (ASSUMED TO BE ASBESTOS) nonfriable  |                                       |  |   |           |
| WAS ASBESTOS PRESENT? (Yes/No): YES  |                                       | Inspection Date: LESS THAN 4 S.F.        |   |           |
| Inspector:   | Certification Number:                 | Expiration Date:                         |   |           |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:<br>1X1 INSULATION LOCATED ON WALL OF AUDITORIUM AND STAGE.<br>REMOVING 4 1X1 INSULATION BLOCKS TO HANG LIGHTING FOR STAGE |                                       |  |   |           |
| VII. QUANTITY OF RACM TO BE REMOVED:<br>NONFRIABLE WALL INSULATION IN SCHOOL AUDITORIUM  |                                       |  |   |           |
| Pipes (LN FT): 0   | Surface Area (SQ FT): 4               | 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: 4/11/23   |                                       | Complete: 4/11/23                        |   |           |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/11/23   |                                       | Complete: 4/29/23                        |   |           |



XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: *WET AND SPRAY EACH BLOCK WITH SPRAY-TAL. REMOVE EACH BLOCK INTACT. PLACE INTO DOUBLE BAGS. SPRAY FIBER LOCK ONTO REMAINING WALL.*

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: *COVER WORK AREA WITH 6 mil poly, WET, REMOVE INTACT. DOUBLE BAG, WET. TAKE TO STATE APPROVED LANDFILL*

XIII. WASTE TRANSPORTER #1

Name: *BEL ENVIRONMENTAL SERVICE, 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 LANDFILL*  
Address: *15200 Hwy 49E South*  
City: *Sidon* State: *MS* Zip: *38954*  
Contact Person: *MAROL 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:

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER: *STOP ALL WORK CONTACT 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 (Signature of Owner/Operator) *4/11/23*  
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  
*Jimmy Bell*  
Type or Print Name (Signature of Owner/Operator) *4/11/23*  
(Date)