

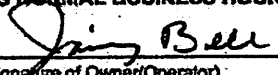
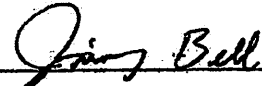
P1 Emerg. MAP

# 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 <b>4-24-23</b>	AI 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>E = EMER. RENOVATION</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Twin County EPA Office</b>				
Address: <b>US Hwy 61 South, P.O. BOX 188</b>				
City: <b>Rolling Fork</b>		State: <b>MS</b>	Zip: <b>39159</b>	
Site Location: <b>US Hwy 61 South</b>		Tel: <b>662-873-4233</b>		
Building Size: <b>3500 SF</b>		# of Floors: <b>1</b>	Age in Years: <b>40 +</b>	
Present Use: <b>VACANT DUE TO STORM</b>		Prior Use: <b>OFFICE Building</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Twin County EPA</b>				
Address: <b>P.O. BOX 188</b>				
City: <b>Rolling Fork</b>		State: <b>MS</b>	Zip: <b>39159</b>	
Contact: <b>Martin Smith</b>		Tel: <b>662 207-8330</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>DAVID Smith CONSTRUCTION, INC.</b>				
Address: <b>705 Hwy 49 W, P.O. BOX 91</b>				
City: <b>INVERNESS</b>		State: <b>MS</b>	Zip: <b>38757</b>	
Contact: <b>Martin Smith</b>		Tel: <b>662-207-8330</b>		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>NO</b> <b>Floor tile/ceiling assume Asbestos</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>YES</b>			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Ceiling and floor tile to be disturbed during renovations and repairs. Will be treated as regulated Asbestos.</b> <b>Building consist of Brick, Metal Roof, Wood panel</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>1,800 SF 9x9 Floor tile/mastic, Ceiling Tile</b>				
Pipes (LN FT): <b>0</b>	Surface Area (SQ FT): <b>1,800 SF</b>		Volume of Facility Components (CU FT): <b>0</b>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <b>0</b>				
Category I: <input checked="" type="checkbox"/>			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/9/2023</b>			Complete: <b>5/11/2023</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>5/12/23</b>			Complete: <b>6/12/23</b>	

Requesting early start date as possible

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> wet method, containment, NEG-AIR, DOUBLE BAG, SIGNS, D-COM UNIT, INDEPENDENT AIR MONITOR/AIR CLEARANCE.		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> PLACE 6 MIL POLY OVER FLOOR. OVER WINDOWS AND DOORS. WET AND REMOVE CEILING TILE ONTO 6 MIL POLY ON FLOOR. DOUBLE BAG CEILING TILE. AND POLY ON FLOOR. WET REMOVE, DOUBLE BAG FLOOR TILE, CLEAN UP, REMOVE DOUBLE BAG MASTIK.		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: <u>W H + D, INC.</u>		
Address: <u>P.O. BOX 870</u>		
City: <u>LELAND</u>	State: <u>MS</u>	Zip: <u>38756</u>
Contact Person: <u>Tommy Hendrix</u>		Tel: <u>662-347-0052</u>
<b>WASTE TRANSPORTER #2</b> <u>N/A</u>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: <u>BFI / Big River Landfill</u>		
Address: <u>52 Landfill Road</u>		
City: <u>LELAND</u>	State: <u>MS</u>	Zip: <u>38756</u>
Contact Person:		Tel: <u>662-332-7924</u>
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b> <u>N/A</u>		
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
Date and Hour of Emergency (MM/DD/YY): <u>3/24/23</u>		
Description of the sudden unexpected event: <u>STORM DAMAGE 3/24/2023</u>		
<u>Twister damaged or destroyed many homes and businesses in Rolling Fork, MS</u> Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
<u>NEED OFFICE TO CONDUCT TOWN BUSINESS RESTORE ELECTRICITY</u>		
<b>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:</b> <u>REMAIN UNDER CONTAINMENT, CONTACT OWNER / MDEQ / MAKE ANY CHANGES TO CONTINUE AND STAY IN COMPLIANCE WITH MDEQ.</u>		
<b>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.</b>		
<u>Jimmy Bell</u> Type or Print Name	 (Signature of Owner/Operator)	<u>4/24/23</u> (Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
<u>Jimmy Bell</u> Type or Print Name	 (Signature of Owner/Operator)	<u>4/24/23</u> (Date)