

"DEF"

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark 7/17/2021	Date Received (MDEQ use only) 7/19/2021	Notification # (MDEQ use only)
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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) **D = DEMO**

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: **ARNIE JOHNSON Dutch Oil Group**

Address: **2001 COMMERCE STREET**

City: **GRENADE** State: **MS** Zip: **38901**

Site Location: **2001 COMMERCE STREET** Tel: **662-574-9196**

Building Size: **18,000 S.F.** # of Floors: **1** Age in Years: **35+ -**

Present Use: **VACANT** Prior Use: **STORAGE**

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **Dutch Oil Group**

Address: **1505 SUNSET DRIVE**

City: **GRENADE** State: **MS** Zip: **38901**

Contact: **DENVER BOWERS** Tel: **662-574-9196**

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**

OTHER OPERATOR: **Dutch Oil Group**

Address: **1505 SUNSET DRIVE**

City: **GRENADE** State: **MS** Zip: **38901**

Contact: **DENVER BOWERS**

V. IS ASBESTOS PRESENT? (Yes/No) **YES** **Roof Flashing**

VI. PROCEDURE INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): **INSPECTED 7/6/2021 BY CYNTHIA BLOCKETT INSPECTIONS ANALYTICAL METHOD USED PLM. BY EHS LAB, 7469 WHITEPINE RD., RICHMOND, VA 23237**

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed			<input checked="" type="checkbox"/>	Ln Ft: 595	Ln M:
2. Category I ACM Not Removed			<input type="checkbox"/>	Sq Ft:	Sq M:
3. Category II ACM Not Removed				Cu Ft:	Cu M:
Pipes					
Surface Area 1	Roof Flashing				
Vol RACM Off Facility Component					

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **7/28/2021** Complete: **8/1/2021**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **8/2/2021** Complete: **11/25/2021**

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Wet method 6 mil Poly wrap and tape, Tag, signs, orange fencing.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

KEEP Wet using Garden Hose, REMOVE with Ax and Roofing Shovels, REMOVE FROM ROOF with SKY LIFT AND DUMP BOX. PLACE INTO LINED DUMPSTER.

XII. 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:

XIII. WASTE DISPOSAL SITE

Name: LEXLOVE COUNTY LANDFILL

Address: 15200 HWY 49E SOUTH

City: SIDON

State: MS

Zip: 38954

Tel: 662-455-6477

XIV. 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):

XV. 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:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

WET AREA, CONTACT OWNER AND MDEQ OF CHANGE. AWAIT MDEQ DIRECTIONS. STOP WORK.

XVII. 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)

7/17/2021
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy BELL
Type or Print Name

Jimmy Bell
(Signature of Owner/Operator)

7/17/2021
(Date)