

"REV"

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 7/22/2021	Date Received (MDEQ use only) 07/26/2021	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual)		R= Revised Inspection, Start Date		
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: Grenada,	State: MS	Zip: 38901		
Site Location: 2001 Commerce Street, Grenada, MS		Tel: 662-574-9196		
Building Size: 18000 sq ft	# of Floors: 1	Age in Years: 35 + -		
Present Use: VACANT	Prior Use: STORAGE SPACE			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: The Dutch Oil Group				
Address: 1505 Sunset Drive				
City: Grenada	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: The Dutch Oil Group				
Address: 1505 Sunset Drive				
City: Grenada	State: MS	Zip: 38901		
Contact: Denver Bowers				
V. IS ASBESTOS PRESENT? (Yes/No) (YES) Root Flashing				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): INSPECTED BY PAUL ANDERSON LIC. #ABI-00001626 USING THE PLM ANALYTICAL METHOD. BY THE EHS LAB., 7469 WHITEPINE RD., RICHMOND, VA 23237				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	
Pipes				Ln Ft: 595 Ln M:
Surface Area 1	Root Flashing		<input checked="" type="checkbox"/>	Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/2/2021 Complete: 8/12/2021				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/12/2021 Complete: 12/12/2021				

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

WET METHOD, AX, ROOFING SHOVELS 6 MIL POLY, WRAP, TAPE, TAG.

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, SPRAYER, REMOVE IN SECTIONS, WRAP IN 6 MIL POLY. REMOVE FROM ROOF TO LINED DUMPSTER USING SKY LIFT WITH DUMP BOX.

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: LEFLOVE COUNTY LANDFILL

Address: 15200 US 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:

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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

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

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)

7/21/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Jimmy Bell
(Signature of Owner/Operator)

7/21/2021

(Date)