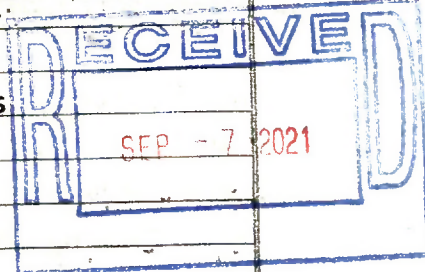


"Def"

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark: 9/2/2021	Date Received (MDEQ use only): 9/7/2021	Notification # (MDEQ use only)				
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= RENOVATIONS					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name:	UNITED STATES post office						
Address:	900 3rd street						
City:	INVERNESS	State:	MS				
		Zip:	38753				
Site Location:	900 3rd street, INVERNESS, MS		Tel: 38753 662-265-5741				
Building Size:	900 sq. ft.	# of Floors:	1				
		Age in Years:	40 + -				
Present Use:	WORKING post office	Prior Use:	WORKING post office				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: TOWN OF INVERNESS (Building)							
Address: 802 EAST GRAND AVE							
City:	INVERNESS	State:	MS				
		Zip:	38753				
Contact:	MRS PATRICIA LOCKETT / WESTON SOLUTION OVERSEER		Tel: 662-265-5741 / 312-320-1925				
REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SERVICES, LLC.							
Address: P.O. BOX 133							
City:	DELTA CITY	State:	MS				
		Zip:	39001				
Contact:	JIMMY BELL		Tel: 662-920-2124				
OTHER OPERATOR: TOWN OF INVERNESS							
Address: 802 EAST GRAND AVE							
City:	INVERNESS	State:	MS				
		Zip:	38753				
Contact:	MRS PATRICIA LOCKETT						
V. IS ASBESTOS PRESENT? (Yes/No) (YES) Floor tile/mastic/kick shield (nonfriable)							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (include inspector name and date of inspection): Inspected 2019 by Albert Love PLM method by THE SCIENTIFIC ANALYTICAL INSTITUTE LAB. GREENBORO, NC							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below			
1. Regulated ACM to be Removed		RACM To Be Removed	Category I	Category II	UNIT		
2. Category I ACM Not Removed							
3. Category II ACM Not Removed							
Pipes					Ln Ft: Ln M:		
Surface Area	1	FLOOR TILE MASTIC	✓		Sq Ft: 900 Sq M:		
Vol RACM Off Facility Component					Cu Ft: Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:			9/10/2021	Complete: 9/12/2021			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			9/13/2021	Complete: 9/20/2021			



X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Wet Method, Containment, NEG-Air Unit, D-cont unit, Air monitoring, HEPA-VAC.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: *PLACE PROPER SIGNS, BARRICADES AROUND WORK AREA. PLACE NEG-AIR, DCON UNIT, WATER SYSTEM IN PLACE. WET, REMOVE KICK SHEILD, FLOW TILE DOUBLE BAG/TAG. REMOVE MASTIC, DOUBLE BAG, CLEANUP, VAC. AWAIT FINAL AIR CLEARANCE.*

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: *LEFLORE COUNTY LANDFILL*

Address: *15200 Hwy 49 E. South*

City: *SIDON*

State: *MS*

Zip: *38954*

Tel: *662-455-7762*

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: *BEST TIME POST OFFICE CAN BE CLOSE TO COMPLETE TASK.*

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

Description of the sudden unexpected event: *CONTINUE TO REMOVE UNDER CONTAINMENT.*

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER: *CONTINUE TO REMOVE UNDER CONTAINMENT USING WET METHOD, CONTACT OWNER/MDEQ OF CHANGE. REVISE NOTIFICATION TO MDEQ.*

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 of Print Name

Jimmy Bell
(Signature of Owner/Operator)

9/1/2021
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type of Print Name

Jimmy Bell
(Signature of Owner/Operator)

9/1/2021
(Date)