"Rev"

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 10/26/2021	Date Received (MDEQ use only) 10/27/2021	Notification # (MDEQ use only)

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R = Revised Start Date 10/27/2021

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R = Renovation

RECEIVED OCT 27 2021

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

Bldg. Name: Ward Elementary School Building		
Address: 200A Dr. MLK Jr. Drive West		
City: Starkville	State: MS	Zip: 39759
Site Location: 200A Dr. MLK Jr. Drive West		Tel: 662-284-8446
Building Size: 17,000 Sq	# of Floors: 1	Age in Years: 45 + -
Present Use: Vacant	Prior Use: Elementary School Classrooms	

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

OWNER NAME: Starkville/Oktibbeha County Consolidated School District		
Address: 401 Greensboro Street		
City: Starkville	State: MS	Zip: 39759
Contact: Heath White		Tel: 662-415-5434
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: Worsham Brothers Construction, Inc.		
Address: P.O. Box 146 (38835-0146)		
City: Corinth	State: MS	Zip: 38834
Contact: Heath White		

V. IS ASBESTOS PRESENT? (Yes/No) (YES) Floor Tile/mastic, Exterior Window Sealant (Caulk)

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Inspected 5/3/2021 by Judith A. Pike MS License # - APB-00008530, Lab Services of Crisp Analytical Lab., LLC. 12235 Industriplex Blvd., Suite 32, Baton Rouge, LA. 70809 (PLM method)

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: Category I	Category II	Indicate Unit of Measurement Below: UNIT	
Pipes	Window Caulk		—	LnFt: 200	Ln M:
Surface Area ✓	Floor Tile Mastic		✓	SqFt: 16,000	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Estimated Start 10/27/2021 Complete: 11/9/2021

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Unknown At This Time Complete:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
WET METHOD, CONTAINMENT, NEG-AIR UNITS, DAILY AIR MONITORING

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: UNDER CONTAINMENT, WET AND REMOVE FLOOR TILE, MASTIC KEEP WET WITH SIGNS AT ALL ENTRANCE AT ALL TIMES. CONTINUE NEGATIVE AIR PRESSURE AT ALL TIMES. DOUBLE BAG, WET, DROP TAG, PLACE INTO DUMPSTER LINED WITH 6 MIL POLY. COVER DUMPSTER WITH TARP. CLEANUP, HEPA-VAC, AWAIT INDEPENDENT AIR CLEARANCE.

XII. WASTE TRANSPORTER #1

Name: WASTE PRO USA

Address: 1600 12th AVE South

City: Columbus | State: MS | Zip: 39703

Contact Person: Julie Goodin | Tel: 662-328-5528

WASTE TRANSPORTER #2 N/A

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Kemper County Landfill Co, LLC

Address: 21211 Hwy 16 East

City: DEKALB | State: MS | Zip: 39328

Tel: 601-743-4310

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: WET WORK AREA. STOP ALL WORK, REMAIN UNDER NEGATIVE AIR PRESSURE, CONTACT CONTRACTOR AND MDEQ.. 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)
10/21/2021 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell — Type or Print Name
Jimmy Bell — (Signature of Owner/Operator)
10/21/2021 — (Date)