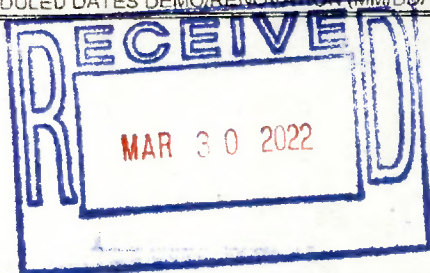


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 3/29/22	Date Received (MDEQ use only) 3/30/22	Notification # (MDEQ use only) AL-79691
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R=REVISED (START DATE)			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R= RENOVATION			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: Red Crown Services station (Historical Building)			
Address: 408 COURT SQUARE			
City: LEXINGTON	State: MS	Zip: 39095	
Site Location: CORNER OF BOULEVARD & Tchula Street, Lexington, MS			Tel: 769-798-0942
Building Size: 2,020 S.F.	# of Floors: 1	Age in Years: 60+	
Present Use: VACANT	Prior Use: FULL SERVICES GAS STATION		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: HOLMES COUNTY Administration OFFICE (Board of Supervisors)			
Address: 408 COURT SQUARE			
City: LEXINGTON	State: MS	Zip: 39095	
Contact: Tyler Harris	Tel: 769-798-0942		
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: TYLER HARRIS CONSTRUCTION SERVICES, LLC,			
Address: P.O. BOX 1022			
City: Ridgeland	State: MS	Zip: 39158	
Contact: Tyler Harris			
V. IS ASBESTOS PRESENT? (Yes/No) YES SLAY ROOF MATERIAL (REPLACE ROOF TO SAVE BUILDING)			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): NO INSPECTION, SLAY ROOF CONSIDERED ASBESTOS REPLACING ROOF TO SAVE INSIDE BUILDING STRUCTURE, (REMOVE AS ASBESTOS)			
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			Ln Ft: Ln M:
Surface Area <input checked="" type="checkbox"/>	SLAY ROOF	1	Sq Ft: 2,020 Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/4/2022		Complete: 4/6/2022	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/7/2022		Complete: 4/30/2022	



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

WET method, INTACT, AREA AIR TESTING,

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: ROPE OFF WORK SITE, PLACE SIGNS, BARRIER TAPE AROUND SITE AND DUMPSTER. USE SKY LIFT WITH HOPPER TO REMOVE MATERIALS FROM ROOF TO 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: 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: 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: STOP ALL WORK. CONTACT OWNER AND MDEQ OF CHANGE. GET DIRECTION FROM 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 or Print Name

Jimmy Bell

(Signature of Owner/Operator)

3/29/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

3/29/2022

(Date)

