

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received: 5/17/2022	Alt. Number
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: EAST UNION ATTENDANCE CENTER				
Address: 1548 STATE HWY 9				
City: BLUE SPRINGS		State: MS	Zip: 38828	
Site Location: EAST UNION ATTENDANCE CENTER Building #E + A3				Tel: 662-489-2567
Building Size: 10,000 sq ft		# of Floors: 1	Age in Years: 40+ -	
Present Use: VACANT FOR REPAIRS		Prior Use: LEARNING CLASSROOMS		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: UNION COUNTY SCHOOL SYSTEM				
Address: P.O. BOX 939 / 250 CARTER AVENUE				
City: NEW ALBANY		State: MS	Zip: 38652	
Contact: Randy Enlow		Tel: 662-816-1950		
ASBESTOS REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SERVICES, LLC				
Address: P.O. BOX 133				
City: DELTA City		State: MS	Zip: 39061	
Contact: Jimmy Beck		Tel: 662-820-2124		
Certification Number: ABC-00001292			Expiration Date: 1/5/2023	
OTHER OPERATOR: HOOKER CONSTRUCTION, INC.				
Address: P.O. BOX 8 / 10719 HWY 336 W				
City: THAXTON		State: MS	Zip: 38871	
Contact: Randy Enlow		Tel: 662-489-2567		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 11/22/2021	
Inspector: AMAY Gilliland		Certification Number: ABZ-00001036	Expiration Date: 2/9/2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 9X9 FLOOR TILE AND MORTAR. SAMPLES COLLECTED WERE ANALYZED AT CA LABS OF BATON ROUGE, LA USING THE PLM METHOD.				
VII. QUANTITY OF RACM TO BE REMOVED: 5,000 sq ft FLOOR TILE/MORTAR				
Pipes (LN FT): 0	Surface Area (SQ FT): 5,000 sq ft		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: Floor tile/mortar		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/27/2022			Complete: 6/21/22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6/22/22			Complete: 7/6/22	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
WET METHOD, CONTAINMENT, D-CON UNIT, NEG-AIR UNITS, AIR-MONITORING/AIR CLEARANCE
DOUBLE BAG, TAG, TAPE CLOSE, LINED DUMPSTER.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: PLACE 4 MIL POLY OVER DOORWAYS, WINDOWS, HEATING/AC VENTS
SPRAY MIST WATER, Bag up wet.

XIII. WASTE TRANSPORTER #1

Name: CONSTRUCTION WASTE MANAGEMENT

Address: P.O. BOX 2489

City: OXFORD

State: MS

Zip: 38655

Contact Person: MR. JAY / MR T.J.

Tel: 662-513-7999

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: THREE RIVER REGIONAL LANDFILL

Address: 1904 PONTOTOC PARKWAY WEST

City: PONTOTOC

State: MS

Zip: 38863

Contact Person: AMANDA SATTERFIELD

Tel: 662-488-0444

XV. 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):

XVI. 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:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: REMAIN UNDER - CONTAINMENT, CONTINUE TO KEEP WET. STOP REMOVAL PROCESS, CONTACT OWNER AND MDEQ OF- CHANGE. FOLLOW MDEQ DIRECTIONS.

XVIII. 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)

5/17/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

5/17/2022

(Date)