**MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM**

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 369201

<table>
<thead>
<tr>
<th>Date Received</th>
<th>MDEQ File City</th>
<th>MDEQ File Number</th>
<th>Postmark (mail only)</th>
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<tbody>
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<td>5/25/2022</td>
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</tbody>
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**I. Type of Notification (C=Original R=Revised C= Cancelled A=Annual):**

- **0** = 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:** God's Helping Hands Learning Academy
- **Address:** 401 Mclemore Street
- **City:** Greenwood, MS
- **Zip:** 38930
- **Tel:** 662-644-5760
- **Building Size:** 1,700 sq ft
- **Age in Years:** 50 +
- **Prior Use:** Vacant For Repairs
- **Present Use:** Child Learning Center

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

**OWNER NAME:** God's Helping Hands Learning Academy
- **Address:** 401 Mclemore Street
- **City:** Greenwood, MS
- **Zip:** 38930
- **Tel:** 662-644-5760

**ASBESTOS REMOVAL CONTRACTOR:** Bell Environmental Services, LLC
- **Address:** P.O. Box 133
- **City:** Delta City, MS
- **Zip:** 39061
- **Tel:**

**Certification Number:** ADC-0000 1282
- **Expiration Date:** 1/5/2023

**OTHER OPERATOR:** God's Helping Hands Learning Academy
- **Address:** 401 Mclemore Street
- **City:** Greenwood, MS
- **Zip:** 38930
- **Tel:** 662-644-5760

**Contact:** TakiSha Bishop

**V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?** (Yes/No):

- **Yes/No:** Yes
- **Inspection Date:** 4/14/2022

**VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:**

- Took a total of 32 suspected asbestos samples - Roof, Sheetrock, Window Calk, Ceiling Tile etc.

**VII. QUANTITY OF RACM TO BE REMOVED:**

- **190 SFT.** of Linoleum located in utility room and art room

**Pipes (LFT):**

- **Surface Area (SQ FT):** 190
- **Volume of Facility Components (CU FT):**

**VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:**

**Category I:**

**Category II:**

**IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:**

- **4/24/2022** Complete: **6/27/2022**

**X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:**

- **6/28/2022** Complete: **7/28/2022**
XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
PLACE UNDER CONTAINMENT, NEG-AIR ISOLATE WORK AREA WITH 6 MIL POLY, WET METHOD, AIR MONITORING

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Wet Flooring, Scraping with Razor Swd Blades, Double Bag Spray Mastic Remover onto Glue. Remove, Double Bag, Hepa-Vac Areas. Wait on Air Clearance Samples. To Re-enter.

XIII. 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: 601-820-2124

WASTE TRANSPORTER #2
Name:
Address:
City: State: Zip:
Contact Person:
Tel:

XIV. WASTE DISPOSAL SITE
Name: Leafly County Landfill
Address: 15200 US Hwy 49E South
City: Sidon State: MS Zip: 38954
Contact Person: Mabel Brown Tel: 601-465-6471

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:
Name: Title:
Authority:
Date of Order (MM/DD/YY):
Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS:
Date and Hour of Emergency (MM/DD/YY):
Description of the sudden unexpected event: Stop Work

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:
Stop Work, Remain under containment with neg-air, contact owner and MDQ of change, follow MDQ 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
(Signature of Owner/Operator) 6/14/2022

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
(Signature of Owner/Operator) 6/14/2022