

# P1

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

<input checked="" type="checkbox"/> MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 1-11-23	AI Number
<b>I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):</b> O = original				
<b>II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):</b> D = DEMO				
<b>III. FACILITY DESCRIPTION (Include building name, number and floor or room number):</b>				
Bldg. Name: <u>Eucutta Street Pharmacy</u>				
Address: <u>137 Building # B</u>				
City: <u>Shubuta</u>	State: <u>MS</u>	Zip: <u>38360</u>		
Site Location: <u>137 EUCUTTA STREET, Building # B</u>			Tel: <u>601-687-5852</u>	
Building Size: <u>1200 SF</u>	# of Floors: <u>1</u>	Age in Years: <u>70+</u>		
Present Use: <u>VACANT</u>	Prior Use: <u>PHARMACY</u>			
<b>IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)</b>				
OWNER NAME: <u>OUTREACH HEALTH SERVICES, INC.</u>				
Address: <u>P.O. BOX 527</u>				
City: <u>Shubuta</u>	State: <u>MS</u>	Zip: <u>38360</u>		
Contact: <u>SABRYNA HOWZE</u>	Tel: <u>601-687-5852</u>			
ASBESTOS REMOVAL CONTRACTOR: <u>BELL ENVIRONMENTAL SERVICES, LLC</u>				
Address: <u>P.O. BOX 133</u>				
City: <u>DELTA CITY</u>	State: <u>MS</u>	Zip: <u>39061</u>		
Contact: <u>JIMMY BELL</u>	Tel: <u>662-820-2124</u>			
Certification Number: <u>ABC-00001282</u>	Expiration Date: <u>1/5/2023</u>			
OTHER OPERATOR: <u>BELL ENVIRONMENTAL SERVICES, LLC.</u>				
Address: <u>P.O. BOX 133</u>				
City: <u>DELTA CITY</u>	State: <u>MS</u>	Zip: <u>39061</u>		
Contact: <u>JIMMY BELL</u>	Tel: <u>662-820-2124</u>			
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):</b> <u>YES</u>				
<b>WAS ASBESTOS PRESENT? (Yes/No):</b> <u>YES</u>			Inspection Date: <u>4/26/22</u>	
Inspector: <u>PAUL ANDERSON</u>	Certification Number: <u>ABI-00001686</u>	Expiration Date: <u>7/9/23</u>		
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> <u>FLOOR TILE, CEILING TILE, ROOFING MATERIALS, WINDOW MATERIALS, WALL PLASTER, PIPE INSULATION BRICK MORTAR.</u>				
<b>VII. QUANTITY OF RACHM TO BE REMOVED:</b> <u>LINOLEUM + BLACK MASTIC REAR RESTROOM</u>				
Pipes (LN FT): <u>0</u>	Surface Area (SQ FT): <u>30 SF</u>	Volume of Facility Components (CU FT): <u>4</u>		
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b> <u>0</u>				
Category I: <input checked="" type="checkbox"/>	Category II: <input type="checkbox"/>			
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:</b> <u>1/26/23</u>			Complete: <u>1/27/23</u>	
<b>X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:</b>			Complete:	

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

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:  
REMOVE MSTR, DOUBLE. WET REMOVE LINOLEUM FLOORING LOCATED IN RESTROOM, DOUBLE BAG. PLACE IN LINED TRAILER DUMP. COVER. TAKE TO LITTLE DIXIE LANDFILL

XIII. WASTE TRANSPORTER #1

Name: BELL ENVIRONMENTAL SERVICES, LLC.

Address: P.O. BOX 133

City: DECATUR 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:

XIV. WASTE DISPOSAL SITE

Name: LITTLE DIXIE LANDFILL

Address: 1716 N. COUNTY LINE RD.

City: RIDGELAND

State: MS

Zip: 39157

Contact Person: SHAYNE HASLOFF

Tel: 769-300-5310

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:

STOP WORK, CONTACT OWNER, MDEQ OF CHANGE. AWAIT MDEQ DIRECTION

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)

11/10/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

11/10/23

(Date)