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MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: ☒Email ☐Mail ☐Hand Delivery	Postmark (mail only)	Date Received 12/26/2024	AI Number 86630

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): E = EMER. RENOVATION

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

Bldg. Name: GREENWOOD High School

Address: 1209 GARRARD AVE.

City: GREENWOOD | State: MS | Zip: 38930

Site Location: South West CORNER IN SMALL Building SEPARATE From School | Tel: 662-466-2077

Building Size: 250 SQ (Boiler Room) | # of Floors: 1 | Age in Years: 40 +

Present Use: Close For REPAIRS | Prior Use: Provided HEAT For School Building

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

OWNER NAME: GREENWOOD LEFLORE CONSOLIDATED SCHOOL DISTRICT

Address: 401 HOWARD STREET / P.O. BOX 1497

City: GREENWOOD | State: MS | Zip: 38935 - 1497

Contact: TORIEN HOWARD | Tel: 662.644-0718

ASBESTOS 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

Certification Number: ABC-00001282 | Expiration Date: 12/6/25

OTHER OPERATOR: GREENWOOD LEFLORE CONSOLIDATED SCHOOL DISTRICT

Address: 401 HOWARD STREET / P.O. BOX 1497

City: GREENWOOD | State: MS | Zip: 38935 - 1497

Contact: TORIEN HOWARD - (DIRECTOR OF MAINTENANCE) | Tel: 662 - 644 - 0718

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

WAS ASBESTOS PRESENT? (Yes/No): YES | Inspection Date: 12/8/1989

Inspector: Albert L. Love | Certification Number: ABI-00001376 | Expiration Date: 1990

VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:
ALL Suspect materials Sampled : Ceiling Texture; Pipe Insulations, Elbow Joints, (& Floor) Vent Pipe, window puddy,, ALL samples were shipped TO THE MICRO method La Gulf Port, MS USING THE PLM method 12/8/1989 INITAL MANAGEMENT PLAN.
(ALL pipe Joints And pipe INSULATION CONTAINS ASBESTOS MATERIALS)

VII. QUANTITY OF RACM TO BE REMOVED: 280 LN.Ft. Pipe Insulations / pipe Joints / 3" Joints

Pipes (LN FT): 280 LN.Ft. | Surface Area (SQ FT): 0 | Volume of Facility Components (CU FT): 0

VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0

Category I: ✓ | Category II:

IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/28/24 | Complete: 1/2/25

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/3/25 | Complete: 1/7/25

(PG)

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Place signs, — Wet Method, Containment, neg-Air units, Glove Bag, Double Bag D-Con units. Independent Air monitoring Daily/ TEM Air clearance.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Seal off All Vents, Windows, Cover walls with 6 mil poly From Ceiling TO Floor. All workers wear Protective Gear. Continue to Keep wet At All Times. Remove Double Bag, Tag, Clean-up, Spray Fibra-Coat, Await TEM Air clearance. Place all Waste into Lined Dumpster, Take To State Approved Landfill.

XIII. WASTE TRANSPORTER #1

Name: Bell Environmental Services, LLC

Address: P.O. Box 133 | State: MS | Zip: 39041

City: Delta City | Tel: 662-820-2124

Contact Person: Jimmy Bell

WASTE TRANSPORTER #2 N/A

Name:

Address: | State: | Zip:

City: | Tel:

Contact Person:

XIV. WASTE DISPOSAL SITE

Name: LeFlore County Landfill

Address: 15206 Hwy 49E South | State: MS | Zip: 38954

City: Sidon | Tel: 662-455-7760

Contact Person: Mabel Brown

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: N/A

Name: Greenwood LeFlore Consolidate School District | Title: Maintenance Director

Authority:

Date of Order (MM/DD/YY): 12-26-24 | Date Ordered to Begin (MM/DD/YY): 12-27-24

XVI. FOR EMERGENCY RENOVATIONS: Heating Replacement of Boiler System

Date and Hour of Emergency (MM/DD/YY): 12-20-24

Description of the sudden unexpected event: The Heating System needs Replacing / Heat Failure; Short Time Schedule Before School start After Christmas/ New Year Break

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Heating Failure in Classrooms, offices. System need Replacing Before Students Arrive.

XVII. 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: Remain under Containment, neg-Air, Apply Extreme wetness, Extreme Cleaning, Move Testing.

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) | 12/26/24 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Jimmy Bell (Type or Print Name) | Jimmy Bell (Signature of Owner/Operator) | 12/26/24 (Date)