

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

- I. TYPE OF NOTICE: (X) Original () Revision () Canceled
() Annual () Info. Only
- II. TYPE OF PROJECT: (X) Renovation () Demolition
() Ordered Demolition () Emergency Renovation
- III. SITE INFORMATION: Name MS VALLEY STATE UNIVERSITY
Description: STATE UNIVERSITY COLLEGE
Address: 14000 HWY 82 WEST
City: ITTA BENA County: LEFLORE State: MS ZIP: 38941
Contact Person: ALBERT LOVE Telephone: 662 299 7190
- IV. OWNER INFORMATION: Name: STATE OF MISSISSIPPI M.V.S.U.
Full Mailing Address: 14000 HWY 82 W ITTA BENA, MS 38941
Contact Person: ALBERT LOVE Telephone: 662 299-7190
- V. ASBESTOS REMOVAL CONTRACTOR: Name: JIMMY BELL
Certification No.: ABC-00001282 Expiration Date: 1/30/17
Full Mailing Address: P.O. BOX 133, DELTA CITY, MS 39061
Contact Person: JIMMY BELL Telephone: 662 873-4551
- VI. CONTRACTOR (Other): Name: MS VALLEY STATE UNIVERSITY MAINTENANCE DEPARTMENT
Full Mailing Address: 14000 HWY 82 WEST, ITTA BENA, MS 38941
Contact Person: ALBERT LOVE Telephone: 662 299-7190
- VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 1/20/17 Removal Project Stop: 1/24/17
- VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 1/26/17 Project Stop: 2/26/17 Prep. Date: 1/25/17
- IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 1,900 SF Bldg. Size (LNFT): 0
No. of Floors: 1 Age in Years: 35+
Present Use: VACANT Prior Use: HEALTH CENTER FOR CAMPUS
- X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: (X) Yes () No
Inspection Date: 1/11/17 Asbestos Present? (X) Yes () No
Inspector: ALBERT L. LOVE Cert. No.: ABI-00001376 Expiration Date: 2/19/17
Identify suspect materials sampled: CEILING AND WALL PLASTER
Laboratory Analysis: TEM _____ PLM X Other _____
Name of Laboratory: SCIENTIFIC ANALYTICAL INSTITUTE INC
- XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) 0 Surface Area (SQ FT) 3,080 SF
Volume of Facility Components (CU FT) 0
- XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED 3080 SF TO BE REMOVED:
Category I: _____ Category II: CEILING AND WALL PLASTER WATER DAMAGED AREAS
- XIII. WASTE TRANSPORTER: Name: JIMMY BELL
Full Mailing Address: P.O. BOX 133, DELTA CITY, MS 39061
Contact Person: JIMMY BELL Telephone: 662 873-4551

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

RECEIVED
JAN 19 2017
Dept. of Environmental Quality

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Big River Landfill (BFI)
 Physical Location: 52 Landfill Rd., Leland, MS
 Full Mailing Address: 48 Landfill Rd., Leland, MS 38756
 Contact Person: Tiffany Hughes Telephone: 662 334 4848
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: LEFLORE County Landfill
 Physical Location: 15200 US Hwy. 49E South Sidon, MS 38954
 Full Mailing Address: P.O. Box 1698 Greenwood, MS 38935
 Contact Person: MABEL BROWN Telephone: 662 453-8550
 *All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):
 Strip & Removal Double Bagging Mechanical Chipping Component Removal
 Wrecking Ball Gross Demolition Remove Intact Bulldozer
 Containment Glove Bag Explode Negative Air
 Wet Method Roofing Saw Other - Explain Below:

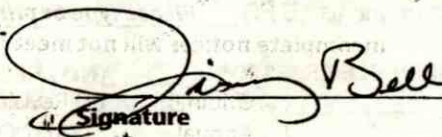
XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
PLACE UNDER CONTAINMENT WET CUT AND REMOVE DAMAGED AREAS USING
BOX CUTTER KNIFE REMOVE, DOUBLE BAG, COAT AREAS USING FIBERLOCK ENCAPSULANT.
AWAY AIR CLEARANCE, BY TEM ANALYSIS

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
CONTACT OWNER OF CHANGE, MAKE NECESSARY CHANGES, CONTINUE TO ABATE,
 *Will MDEQ be notified of any significant changes? () Yes () No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
 Name: _____ Title: _____
 Authority: _____
 Date of Order: _____ Date Demolition to Begin: ____/____/____

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: 1/11/17, Time: SOMETIME DURING THE NIGHT
 Description of the sudden, unexpected event:
WATER DAMAGE ACCURE FROM SPRINKLER SYSTEM FAILURE. ASKING PERMISSION TO MINIMIZE
CLOSURE OF THE ONLY COLLEGE HEALTH CENTER
 Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:
TO MINIMIZE CLOSURE OF THE ONLY HEALTH CENTER ON CAMPUS

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.
Jimmy Bell / Contractor  1/18/17
 Type or Print Name & Title Signature Date

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
 P.O. Box 2261 Jackson, MS 39201
 Jackson, MS 39225
 (601) 961-5171