

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <span style="float: right;">R</span>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">R</span>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: USDA/ARS Gin Laboratory Bldg #22			
Address: 141 Experiment Station Road			
City: Stoneville	State: MS	Zip: 38776	
Site Location: USDA/ARS Gin Laboratory Bldg #22		Tel:	
Building Size: 2000 Sq. Ft.	# of Floors: 2	Age in Years: 40+ -	
Present Use: Vacant for Demo	Prior Use: Office		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: USDA/ARS			
Address: 141 Experiment Station Road			
City: Stoneville	State: MS	Zip: 38776	
Contact: Roger Bright	Tel: 662 390-6126		
REMOVAL CONTRACTOR: Bell Environmental Services LLC			
Address: P O BOX 133			
City: Delta City	State: MS	Zip: 39061	
Contact: Jimmy Bell	Tel: 662 873-4551		
OTHER OPERATOR: USDA/ARS Maintenance Dept.			
Address: 141 Experiment Station Road			
City: Stoneville	State: MS	Zip: 38776	
Contact: Roger Bright			
V. IS ASBESTOS PRESENT? (Yes/No) <span style="float: right;">yes</span>			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): PEM, C&E Labs. Cary North Carolina Inspector Paul Anderson Lic. # ABT-00001686, Expiration Date 7-18-16, Inspection Date 6-23-16. Floor tile/mastic 2nd floor office Room			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed Category I / Category II	
		Indicate Unit of Measurement Below	
		UNIT	
Pipes		Ln Ft:	Ln M:
Surface Area	Floor tile/mastic	Sq Ft: 200	Sq M:
Vol RACM Off Facility Component		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8-3-17		Complete: 8-6-17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8-7-17		Complete: 9-7-17	

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 Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Wet Method  
Neg Air, D-Con, Double Bag

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: prep work area, place signs around work area, D-Con, Neg Air, seal windows & doors, Independent air monitoring, Wet & remove double bag, place into lined dumpster, Hepa Vac, clean, await air clearance.

XII. 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: 662 873-4551

WASTE TRANSPORTER #2

Name: N/A  
Address:  
City: State: Zip:  
Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: Big River Landfill  
Address: 52 Landfill Road  
City: Leland State: ms Zip: 38756  
Tel: 662 332-6730

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A Title:  
Authority:  
Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

XV. 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:

XVI. 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 & DEP of change. Follow MDEP instructions.

XVII. 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.

James Gibson James Gibson, Supervisor 7-21-17  
Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Jimmy Bell Jimmy Bell, Contractor 7-21-17  
Type or Print Name (Signature of Owner/Operator) (Date)