

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) 0					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <u>MAULDIN CAFETERIA Building</u>					
Address <u>1003 WEST SUNFLOWER ROAD</u>					
City: <u>CLEVELAND</u>	State: <u>MS</u>	Zip: <u>38733</u>			
Site Location: <u>DELTA STATE UNIVERSITY</u>			Tel:		
Building Size <u>8,000 SF</u>	# of Floors: <u>1</u>	Age in Years: <u>40 +</u>			
Present Use: <u>VACANT</u>	Prior Use: <u>CAFETERIA</u>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>BUREAU of Buildings, Grounds & REAL PROPERTY</u>					
Address: <u>501 N. WEST STREET 1401 WOOLFOLK BUILDING, SUITE 13</u>					
City: <u>JACKSON</u>	State: <u>MS</u>	Zip: <u>39201</u>			
Contact: <u>DOUG ALLEN</u>			Tel: <u>662 641-0087</u>		
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>662 873-4551</u>		
OTHER OPERATOR: <u>DIVERSIFIED CONSTRUCTION SERVICES, INC.</u>					
Address: <u>P.O. BOX 1964</u>					
City: <u>MADISON</u>	State: <u>MS</u>	Zip: <u>39130</u>			
Contact: <u>DOUG ALLEN</u>					
V. IS ASBESTOS PRESENT? (Yes/No) YES					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>PLM. EMSL ANALYTICAL, INC. BATON ROUGE, LA 70809</u> <u>WILLIE J. NESTOR Lic. #ABI-0002244 INSPECTED 5/5/15 PIPE INSULATION, Boiler INSULATION, Floor Tile/matrix</u> <u>Window putty.</u>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes <u>1</u>	<u>PIPE INSULATION</u>	<input checked="" type="checkbox"/>		Ln Ft: <u>2000</u>	Ln M:
Surface Area <u>1</u>	<u>FLOOR TILE/matrix</u>		<input checked="" type="checkbox"/>	Sq Ft: <u>100</u>	Sq M:
Vol RACM Off Facility Component <u>1</u>	<u>Hot Water Tank INSULATION</u>	<input checked="" type="checkbox"/>		Cu Ft: <u>250 SF</u>	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>10/15/17</u> Complete: <u>11/15/17</u>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>10/20/17</u> Complete: <u>12/23/17</u>					

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OCT 5 2017
 Dept. of Environmental Quality

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

Wet method, Containment.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: *ISOLATE WORK AREA, PPE - NEG-AIR, D-COV., WET, GLOVE BAG. DAILY AIR MONITORING, EACH SECTION, AIR CLEARANCE TEST, MOVE TO NEXT AREA, REPEAT.*

XII. WASTE TRANSPORTER #1

Name: *W H + D INC.*

Address: *P.O. BOX 870*

City: *LELAND*

State: *MS*

Zip: *38756*

Contact Person: *Tommy Hendrix*

Tel: *662 347-0052*

WASTE TRANSPORTER #2

N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: *B.F.I. Big River Landfill*

Address: *52 LANDFILL ROAD*

City: *LELAND*

State: *MS*

Zip: *38756*

Tel: *662 332-7927*

XIV. 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):

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER: *CONTACT OWNER OF CHANGE, CONTACT M.D.F.R. OF CHANGE, CONTINUE UNDER CONTAINMENT.*

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
Type or Print Name

James Gibson / Supervisor
(Signature of Owner/Operator)

10/4/17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type or Print Name

Jimmy Bell / Contractor
(Signature of Owner/Operator)

10/4/17
(Date)