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)

RECEIVED SEP 23 2019 Dept. of Environmental Quality

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) R = RENOVATION

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

Bldg. Name: B.F. Smith Building

Address: 141 Experiment Station Rd.

City: Stoneville	State: MS	Zip: 38776
Site Location: 141 Experiment Station Rd.		Tel: 662-719-8342
Building Size: 1,800 sq. ft.	# of Floors: 1	Age in Years: 30 + -
Present Use: Mechanical Room	Prior Use: Mechanical Room	

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

OWNER NAME: Mississippi State University Research Extension Center Stoneville, MS

Address: 141 Experiment Station Rd.

City: Stoneville	State: MS	Zip: 38776
Contact: Charles Smith		Tel: 662-719-8342

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

OTHER OPERATOR: Acy Mechanical, LLC

Address: P.O. Box 724

City: Winona	State: MS	Zip: 38967
Contact: Barry Acy		

V. IS ASBESTOS PRESENT? (Yes/No) YES T.S.I. Pipe Insulation 3"

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): PLM - Method on 6/19/19 by Cynthia Lesure License # ABI-00003038, Pipe Insulation. Lab used Carolina Environmental Laboratory Maynard Road, Cary, NC. 27511

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 1	Pipe Insulation	✓		LnFt: 80	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/3/19 Complete: 10/14/19

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/15/19 Complete: 12/23/19

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Wet Method, under Containment, Neg-Air, D-con unit, glove 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, Signs, Poly on Floor and walls, Neg-Air placement D-con unit, water supply, glove bags placement, wet and remove into glove bag, Double bag, place into lined Dumpster. 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: 662-820-2124

WASTE TRANSPORTER #2 N/A

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Big River Landfill (Republic Services)

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: 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
Stop work, contact owner and MDEQ of change. Await MDEQ Directions.

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.

Jimmy Bell (Type or Print Name) | Jimmy Bell (Signature of Owner/Operator) | 9/20/20 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell (Type or Print Name) | Jimmy Bell (Signature of Owner/Operator) | 9/20/20 (Date)