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) O = ORIGINAL

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D = DEMO E = EMER

RECEIVED JUL 31 2020

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

Bldg. Name: SIGMA ALPHA EPSILON HOUSE - MSU

Address: 107 CLYDE Q SHEELY CIRCLE

City: MISSISSIPPI STATE	State: MS	Zip: 39762
Site Location: 107 Clyde Q Sheely Circle, MSU, Starkville, MS		Tel: 731-336-8850
Building Size 10,000 SQ.FT.	# of Floors: 2	Age in Years: 50+
Present Use: VACANT	Prior Use: SAE FRATERNITY HOUSE	

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

OWNER NAME: MS THETA CHAPTER OF SAE NON-PROFIT ORGANIZATION

Address: 107 Clyde Q Sheely Circle

City: MISSISSIPPI STATE	State: MS	Zip: 39762
Contact: CYNTHIA BLOCKETT		Tel: 662-846-1924

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: HOYT HAYES CONSTRUCTION, INC

Address: 75 MILLER AVE.

City: JACKSON	State: TN	Zip: 38305
Contact: Chris KLOPFENSTEIN		

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): Inspected 01-18-2020 Ceiling Texture on UN Remolered section of Building. Inspected by Chuck Womack Lic# ABI-0000 2432

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: Category I	Category II	Indicate Unit of Measurement Below: UNIT	
Pipes 1	Insulation	✓		LnFt: 250	Ln M:
Surface Area 1	Ceiling Texture	✓		SqFt: 4000	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/7/2020 Complete: 8/12/2020

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/14/2020 Complete: 10/14/2020

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

Wet Method, Containment, Neg-Air, D-Con, Air Monitoring

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, Isolate workarea from other parts of Building Place Neg Air in key places of Building, Lined Floor, walls with 4 mil poly, Wet using airless sprayer, Remove, Double Bag, Glove Bag pipe insulation, Double Bag, Place into Lined Dumpster

XII. WASTE TRANSPORTER #1

Name: Waste pro USA Columbus, MS

Address: 1600 S 12th Ave

City: Columbus | State: MS | Zip: 39701

Contact Person: Julie Goodin | Tel: 662-328-5528

WASTE TRANSPORTER #2 N/A

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Kemper County Landfill

Address: 211 21211 Hwy 16 W

City: DeKalb | State: MS | Zip: 39328

Tel: 601-743-4310

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:

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 of change, Contact MDEQ of any 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) | 7/29/2020 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell (Type or Print Name) | Jimmy Bell (Signature of Owner/Operator) | 7/29/2020 (Date)