

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) R = RENOVATIONS				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: ARS. Building # 8 + 8A				
Address: 141 EXPERIMENT STATION ROAD				
City: STONEVILLE	State: MS	Zip: 38776		
Site Location: 141 EXPERIMENT STATION ROAD (QUARANTINE BUILDING)			Tel: 662-686-5114	
Building Size: 1,800 SQ.FE.	# of Floors: 1	Age in Years: 40+-		
Present Use: VACANT	Prior Use: PLANT RESEARCH			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: U.S.D.A. - A.R.S.				
Address: 141 EXPERIMENT STATION ROAD				
City: STONEVILLE	State: MS	Zip: 38776		
Contact: KEVIN MAQEE	Tel: 662-686-5114			
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: U.S.D.A. - A.R.S.				
Address: 141 EXPERIMENT STATION ROAD				
City: STONEVILLE	State: MS	Zip: 38776		
Contact: KEVIN MAQEE				
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): PLM METHOD BY PAUL ANDERSON LIC# ABZ-00001686 ON 4/3/2015 LAB USED - NYLAP CEI LAB, 107 NEW EDITION COURT, CARY, NC 27511 FLOOR TILE / MASTIC, RESEARCH DESK TOPS (NONFRIABLE)				
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		Indicate Unit of Measurement Below		
		Category I	Category II	UNIT
Pipes	RACM To Be Removed		Ln Ft:	Ln M:
Surface Area	DESK TOPS FLOOR TILE MASTIC	✓	Sq Ft: 1026	Sq M:
Vol RACM Off Facility Component			Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/17/2020		Complete: 8/20/2020		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/20/2020		Complete: 8/25/2020		

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

Wet Method, Containment, D-CON UNIT, NEG-Air. (REMOVE DESK TOPS INTACT)

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

SEAL OFF DOORS, WINDOWS WITH 6 MIL POLY, PLACE SIGNS AND BARRICADES WHERE NEEDED. PREP AREA, WET REMOVE FLOOR TILE, DOUBLE BAG, SPRAY MATHK REMOVAL ONTO FLOOR, SCRUB AND REMOVE, DOUBLE BAG. PLACE BAGS INTO LINED DUMPSTER, AWAIT AIR TEST RESULTS.

XII. WASTE TRANSPORTER #1

Name: BELL ENVIRON SERVICES, LLC

Address: PO 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: 5142 Big RIVER LANDFILL

Address: 48 Landfill Rd.

City: ILELAND

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):

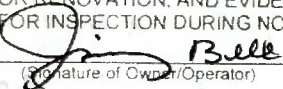
Description of the sudden unexpected event:

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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: WET AREA, SEAL OFF WORK AREA, STOP WORK, CONTACT OWNER AND M.D.E.R. OF CHANGE.

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


(Signature of Owner/Operator)

8/11/2020
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JAMES Gibson
Type or Print Name


(Signature of Owner/Operator)

8/11/2020
(Date)