

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|--------------------------------|---------------------------------------|
| 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 | | | | |
| 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: USDA/ARS JAMIE WHITTEN DELTA STATE RESEARCH CENTER | | | | |
| Address: 141 EXPERIMENT STATION Rd. | | | | |
| City: STONEVILLE | State: MS | Zip: 38776 | | |
| Site Location: Building #7 GREENHOUSE # | | Tel: 662-686-3072 | | |
| Building Size: 3,968 sq. ft. | # of Floors: 1 | Age in Years: 50 + - | | |
| Present Use: VACANT | Prior Use: PLANT RESEARCH GREENHOUSE | | | |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) | | | | |
| OWNER NAME: USDA/ARS | | | | |
| Address: 141 EXPERIMENT STATION Rd. | | | | |
| City: STONEVILLE | State: MS | Zip: 38776 | | |
| Contact: Roger Bright | | Tel: 662-686-3072 | | |
| 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: MAYEVO, COUVILLON & ASSOCIATES, LLC. | | | | |
| Address: 4354 S. SHERWOOD FOREST BLVD., SUITE D200 | | | | |
| City: BATON ROUGE | State: LA | Zip: 70816 | | |
| Contact: CHRISTINA THIBODEAUX | | | | |
| 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): WINDOW PANE GASKETS, PIPE JOINTS, TRANSITE PANELS. INSPECTED 11/5/11, BY AYALELI ENZLEY LICENSE # E-17025 NAME OF LAB-ENVIRONMENTAL HAZARD SERVICES, LLC. RICHMOND VA | | | | |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: | | | | |
| <ol style="list-style-type: none"> 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 | Joints Elbows | ✓ | | Ln Ft: 130 Ln M: |
| Surface Area 1 | PANEL/GASKETS | | ✓ | Sq Ft: 260 Sq M: |
| Vol RACM Off Facility Component | | | | Cu Ft: Cu M: |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/2/2020 | | | | Complete: 12/18/2020 |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/20/2020 | | | | Complete: 4/20/2021 |

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

Wet method, Containment Air monitoring/Air Clearance

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: PREP SITE, D-CON UNIT, NEG-Air. WET REMOVE, DOUBLE BAG PATE JOINTS AND ELBOWS, TRANSITE PANELS. AWAIT AIR CLEARANCE. REMOVE PANGLASS PANEES AND BASKETS FROM THE OUTSIDE. DOUBLE BAG GASKETS. DISPOSE OF GLASS PANEES. PRESSURE WASH FRAME. PLACE ALL Debris INTO LINED DUMPSTAY

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

Address: 52 Landfill Rd.

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 ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER: Stop Work, SEK OFF WORK AREA, Contact owner AND MDEQ. of change. FOLLOW 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)

11/17/2020
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JAMES GIBSON
Type or Print Name

James Gibson
(Signature of Owner/Operator)

11/17/2020
(Date)