

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) R = REVISED DATE					
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: <i>TECHNICAL Education Building MVSU ITEA BENA MS CAMPUS</i>					
Address: <i>14000 Hwy 82 W. P.O. BOX 7256</i>					
City: <i>ITEA BENA</i>	State: <i>MS</i>	Zip: <i>38941-1400</i>			
Site Location: <i>MVSU TECHNICAL Education Building</i>		Tel: <i>662.254.3583</i>			
Building Size: <i>4000 sq. ft.</i>	# of Floors: <i>1</i>	Age in Years: <i>40+-</i>			
Present Use: <i>OFFICE SPACE</i>		Prior Use: <i>Job Training Building</i>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <i>Mississippi Valley State University (State of Mississippi)</i>					
Address: <i>14000 Hwy 82 W.</i>					
City: <i>ITEA BENA</i>	State: <i>MS</i>	Zip: <i>38941-1400</i>			
Contact: <i>TERRENCE HURSEY SR.</i>		Tel: <i>662.254.3588</i>			
REMOVAL CONTRACTOR: <i>BELL ENVIRONMENTAL SERVICES, LLC.</i>					
Address: <i>P.O. BOX 133 / 3016 DELTA CITY RD.</i>					
City: <i>DELTA CITY</i>	State: <i>MS</i>	Zip: <i>39061</i>			
Contact: <i>JIMMY BELL</i>		Tel: <i>662-820-2124</i>			
OTHER OPERATOR: <i>MVSU. FACILITIES MANAGEMENT</i>					
Address: <i>14000 Hwy 82 W.</i>					
City: <i>ITEA BENA</i>	State: <i>MS</i>	Zip: <i>38941-1400</i>			
Contact: <i>TERRENCE HURSEY SR.</i>					
V. IS ASBESTOS PRESENT? (Yes/No) <i>YES FLOOR TILE/MASTIC S & CHRYSOTILE</i>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <i>INSPECTED 11/18/2020 BY TERRENCE HURSEY SR., SAMPLER SENT TO EUROFINS CEI/LAB. CARY, NC. 27511 PLM METHOD</i>					
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				Ln Ft:	Ln M:
Surface Area <input checked="" type="checkbox"/>	<i>FLOOR TILE MASTIC</i>		<input checked="" type="checkbox"/>	Sq Ft: <i>1,230</i>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>12/5/2020</i> Complete: <i>12/10/2020</i>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>12/12/2020</i> Complete: <i>1/20/2021</i>					

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

Wet Method, Neg-Air, D-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 WORK AREA, SIGNS, SEAL DOORS, AIR VENTS, WINDOWS. WET, REMOVE INTACT USING SPUD BARS. DOUBLE BAG TIE CLEAN, APPLY MASTIC REMOVAL. SCRUB BY BRUSH SQUEEZE, SOLIDIFY MASTIC, DOUBLE BAG, LOAD INTO LINED DUMPMSTER, CLEAN, AWAIR 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: LEBLOVE County Landfill

Address: 15200 Hwy 49 E, South

City: SIDON

State: MS

Zip: 38954

Tel: 662-455-7066

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 NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

stop work, wet work area, seal off doors. CONTACT OWNER, MDEQ. OF CHANGE. Follow MDEQ Direction.

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 Owned Operator)

11/25/2020
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JAMES GIBSON
Type or Print Name

James Gibson
(Signature of Owned Operator)

11/25/2020
(Date)