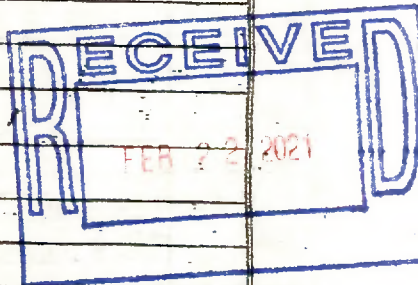


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) <span style="float: right;">O = original</span>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">E = EMER. RENOVATION</span>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <u>U.M. PEARBODY HALL</u>			
Address <u>1896 UNIVERSITY CIRCLE</u>			
City: <u>UNIVERSITY</u>	State: <u>MS</u>	Zip: <u>38677</u>	
Site Location: <u>U.M. PEARBODY HALL (BASEMENT RENOVATION)</u>		Tel: <u>662-489-2567</u>	
Building Size <u>BASEMENT 1200 SQ. FT.</u>	# of Floors: <u>3</u>	Age in Years: <u>40+</u>	
Present Use: <u>VACANT</u>	Prior Use: <u>BASEMENT LAB</u>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) -			
OWNER NAME: <u>THE UNIVERSITY OF MS, FACILITIES PLANNING</u>			
Address: <u>700 HATHRON RD.</u>			
City: <u>UNIVERSITY</u>	State: <u>MS</u>	Zip: <u>38677</u>	
Contact: <u>GRADEN HOOKER / T/J WILLIAMS</u>		Tel: <u>662-489-2567</u>	
REMOVAL CONTRACTOR <u>BELL ENVIRONMENTAL SERVICES, LLC.</u>			
Address: <u>P.O. BOX 133</u>			
City: <u>DELTA CITY</u>	State: <u>MS</u>	Zip: <u>39061</u>	
Contact: <u>JIMMY BELL</u>		Tel: <u>662-820-2124</u>	
OTHER OPERATOR: <u>HOOKER CONSTRUCTION, INC</u>			
Address: <u>P.O. BOX 8</u>			
City: <u>THAXTON</u>	State: <u>MS</u>	Zip: <u>38871</u>	
Contact: <u>GRADEN HOOKER / T/J WILLIAMS</u>			
V. IS ASBESTOS PRESENT? (Yes/No) <u>YES</u> <span style="float: right;"><u>FLOOR TILE / MASTIC (STAIRWELL LANDING)</u></span>			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>INSPECTED 11/10/2020 BY LAMAY GILLILAND LLC, # ABZ-00001036</u> <u>LAB USED, CA LABS OF BATON ROUGE, LA</u> <u>5% CHRYSOTILE MASTIC</u> <u>1'x1' CREAM FLOOR TILE, MASTIC</u> <u>3% CHRYSOTILE TILE</u>			
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			Ln Ft    Ln M:
Surface Area <u>1</u>	<u>FLOOR TILE</u> <u>MASTIC</u>	<u>✓</u>	Sq Ft <u>300</u> Sq M:
Vol RACM Off Facility Component			Cu Ft    Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>2/22/2021</u>		Complete: <u>2/27/2021</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>2/28/2021</u>		Complete: <u>5/23/2021</u>	





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

WET method, Containment, Neg-Air, D-CON units, Air monitoring (Independent)

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: SEAL OFF BASEMENT USING 6 mil poly. PLACE SIGNS, BARRICADE TAPE AROUND WORK AREA, PLACE D-CON UNIT, NEG-AIR WET, REMOVE TILE, DOUBLE BAG. CLEANUP, HEPA-VAC, SPRAY MASTIC REMOVAL, SCRUB SQUEEZE UP SOLIDIZE USING CAT LITTER. DOUBLE BAG. AWAIT FINAL 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:

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Leflore County Landfill

Address: 15200 US Hwy 49E South

City: Sidon

State: MS

Zip: 38954

Tel: 662 455 6777

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:  INSTALL AIR CLEANERS BEFORE CONDUCTING CLASSES

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER: STOP WORK, CONTINUE CONTAINMENT, NOTIFY, CONTACT OWNER, M. DEQ. OR CHANGE. AWAIT M. DEQ. 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)

2/18/2021  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell  
Type or Print Name

*Jimmy Bell*  
(Signature of Owner/Operator)

2/18/2021  
(Date)