

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only) 4.15.2022	Date Received 4.18.2022	AI Number
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;">R = RENOVATIONS</span>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: FINE ARTS Building (MUSU. ITTA BENA, MS CAMPUS)			
Address: 14000 Hwy 82 West			
City: ITTA BENA	State: MS	Zip: 38941	RECEIVED APR 18 2022 Dept. of Environmental Quality
Site Location: SECTIONAL/REHEARSAL ROOM # 187		Tel: 662-254-3583	
Building Size: 310 SF	# of Floors: 1	Age in Years: 50 +	
Present Use: VACANT	Prior Use: REHEARSAL ROOM		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: MUSU			
Address: 14000 Hwy 82 West			
City: ITTA BENA	State: MS	Zip: 38941	
Contact: TERRENCE HUSSEY SR.		Tel: 662-254-3583	
ASBESTOS REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SERVICES LLC			
Address: P.O. BOX 173			
City: DELTA City	State: MS	Zip: 39061	
Contact: Jimmy Bell		Tel: 662-820-2124	
Certification Number: ABC-00001282	Expiration Date: 1/5/2023		
OTHER OPERATOR: DIRECTOR OF FACILITIES MANAGEMENT			
Address: 14000 Hwy 82 West / P.O. BOX 7258			
City: ITTA BENA	State: MS	Zip: 38941	
Contact: TERRENCE HUSSEY SR.		Tel: 662-254-3583	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES			
WAS ASBESTOS PRESENT? (Yes/No): YES		Floor Tile/mastic	Inspection Date: 12/8/1989
Inspector: Albert Love	Certification Number: ABI-00001376	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM method, INITIAL MANAGEMENT PLAN USING THE PALZO METHOD LAB. Gulfport, MS			
VII. QUANTITY OF RACM TO BE REMOVED: FLOOR TILE/mastic			
Pipes (LN FT): 0	Surface Area (SQ FT): 310 SF	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I:	Category II: <input checked="" type="checkbox"/>		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/28/2022		Complete: 4/30/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/2/2022		Complete: 7/2/2022	

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

Wet Method, Containment, Air Clearance, Air Monitoring, Signs

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

PLACE NEY AIR IN PLACE, COVER ALL ENTRANCE AND windows with 6 mil poly. Wet, REMOVE, DOUBLE BAG, DROP TAGS, TAPE CLOSE

XIII. 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:

XIV. WASTE DISPOSAL SITE

Name: LEFLOVE County LANDFILL

Address: 15200 Hwy 49E South

City: SIDON

State: MS

Zip: 38954

Contact Person: MABEL BROWN

Tel: 662-455-6477

XV. 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):

XVI. 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:

XVII. 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:

Stop work, REMAIN UNDER CONTAINMENT, CONTACT OWNER AND MDEQ OF CHANGE. Follow MDEQ DIRECTIONS

XVIII. 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)

4/14/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

4/14/2022

(Date)