

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

REW
(PI)
MAP

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 4-5-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R = REVISED START DATE/presumed Asbestos				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): E = EMER. RENOVATION				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: DELTA STATE UNIVERSITY HILL APARTMENTS Room# 304				
Address: 1417 MAPLE STREET				
City: CLEVELAND	State: MS	Zip: 38733		
Site Location: DSU HILL APARTMENTS Room# 304			Tel: 662-719-8522	
Building Size: 6,000 SF	# of Floors: 2	Age in Years: 40+		
Present Use: VACANT FOR REPAIRS	Prior Use: COLLEGE STUDENTS DORMITORY			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: DELTA STATE UNIVERSITY				
Address: HWY 8 WEST				
City: CLEVELAND	State: MS	Zip: 38732		
Contact: GERALD FINLEY			Tel: 662-719-8522	
ASBESTOS 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	
Certification Number: ABC-00001282	Expiration Date: 1/5/2024			
OTHER OPERATOR: DELTA STATE UNIVERSITY PHYSICAL PLANT				
Address: 1417 MAPLE STREET				
City: CLEVELAND	State: MS	Zip: 38733		
Contact: GERALD FINLEY			Tel: 662-719-8522	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): (NO) FLOOR TILE/MASTIC PRESUME ASBESTOS				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 9x9 FLOOR TILE/BLACK MASTIC PRESUME TO CONTAIN ASBESTOS. CARPET/FLOOR TILE/BLACK MASTIC TO BE REMOVED AS REGULATED ASBESTOS MATERIAL. (REPLACE CARPET INSIDE ROOM# 304)				
VII. QUANTITY OF RACM TO BE REMOVED: 353 S.F. FLOOR TILE/MASTIC DORMITORY ROOM				
Pipes (LN FT): 0	Surface Area (SQ FT): 353	Volume of Facility Components (CU FT): 0		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0				
Category I: ✓		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/14/23 Complete: 4/16/23				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/18/23 Complete: 5/18/23				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Wet method, Containment, NEG-Air, Independent Air Monitor/Air Clearance

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: PLACE 6 mil poly over windows/door way, EXHAUST NEG-AIR UNIT THRU WINDOW. PLACE D-CON UNIT IN HALLWAY. PLACE SIGNS, WET, REMOVE, DOUBLE BAG. REMOVE, DOUBLE BAG MASTIC, CLEANUP HEPA-VAC. AWAIT AIR CLEARANCE.

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: Lettore County Landfill
Address: 15206 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:

Date and Hour of Emergency (MM/DD/YY):
Description of the sudden unexpected event: 9x9 FLOOR TILE/mastic underneath carpet
Dormitory BECAME VACANT FOR A short period of TIME
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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

CONTINUE TO REMOVE UNDER CONTAINMENT, CONTACT OWNER/M DEQ OF CHANGE.
REVISE NOTIFICATION TO M DEQ.

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) 4/3/23 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell Type or Print Name
Jimmy Bell (Signature of Owner/Operator) 4/3/23 (Date)