

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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 7/11/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
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: Belhaven University - Wells Hall -				
Address: 1500 Peachtree Street				
City: Jackson		State: MS	Zip: 39202	
Site Location: Select Areas Throughout Building			Tel: 601-238-3735	
Building Size: 18,000 SF		# of Floors: 3	Age in Years: 50	
Present Use: Residence Hall		Prior Use: Residence Hall		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Belhaven University				
Address: 1500 Peachtree Street				
City: Jackson		State: MS	Zip: 39202	
Contact: Wayne Green			Tel: 601-238-3735	
ASBESTOS REMOVAL CONTRACTOR: Specialty Abatement Services, Inc.				
Address: PO Box 15925				
City: Hattiesburg		State: MS	Zip: 39404	
Contact: William Stamps			Tel: 601-264-5550	
Certification Number: ABC-00001660			Expiration Date: 2/23/2025	
OTHER OPERATOR: Service Master Restoration				
Address: 119 Cypress Cove				
City: Flowood		State: MS	Zip: 39232	
Contact: Hunter Gann			Tel: 601-476-6413	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 5/31/2024	
Inspector: Rashael Hawkins		Certification Number: ABI-00011913	Expiration Date: 6/9/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Flooring, Mastics, Cove base, Ceiling texture, Roofing				
Bulk samples were collected and read by PLM at Moody Labs				
VII. QUANTITY OF RACM TO BE REMOVED: Floor Tile , Mastic & Ceiling Texture				
Pipes (LN FT):		Surface Area (SQ FT): 4,970 SF	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/8/2024			Complete: 7/30/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/8/2024			Complete: 7/30/2024	

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

Select areas of water damaged ACM material will be removed prior to replacement by others

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

Abatement Areas will be fully contained and placed under negative pressure. ACM will be removed using wet, manual methods. Waste will be placed in a properly lined container for disposal.

XIII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services, Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: William H. Stamps

Tel: 601-264-5550

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 County Line Rd.

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Paul Marks

Tel: 601-982-9488

XV. 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):

XVI. FOR EMERGENCY RENOVATIONS:

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

All work will stop. MDEQ will be notified.

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.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

7/11/2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

7/11/2024

(Date)