

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

(21)

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received: 3/18/2025	Alt Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):    O = ORIGINAL				
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: LINK CENTRE, BLACK BOX THEATER RENOVATION				
Address: 1800 WEST MAIN STREET				
City: TUPELO		State: MS		Zip: 38801
Site Location: (BLACK BOX LOCATION) 1800 WEST MAIN ST., TUPELO, MS				Tel:
Building Size: APPROXIMATELY 30,000 SF		# of Floors: 1		Age in Years: 50+
Present Use: VACANT FOR REPAIRS		Prior Use: THEATER CLASSES		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: LINK CENTRE THEATER				
Address: 1800 WEST MAIN STREET				
City: TUPELO		State: MS		Zip: 38801
Contact: Ty WILLIAMS			Tel: 662 489 2567	
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: 1/15/25	
OTHER OPERATOR: HOOKER CONSTRUCTION, INC.				
Address: P.O. BOX 8				
City: THAXTON		State: MS		Zip: 38871
Contact: Ty WILLIAM			Tel: 662-489-2567	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 1/16/2025	
Inspector: JOSHUA R. DUNN		Certification Number: ABI-00013168		Expiration Date: Oct/30 <sup>th</sup> /2025
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: SAMPLES WERE TAKEN FROM: EXTERIOR WINDOW CAULK, PIPE INSULATION, WALL PLASTER, SHEETROCK AND JOINT COMPOUND, BRICK MORTAR. FLOOR TILE/MASTIC, PROCESSED AND SHIPPED TO EMSL ANALYTICAL, ZBC... BATON ROUGE, LA 70809. SAMPLES WERE ANALYSIS USING THE PLM METHOD. ASBESTOS WERE FOUND IN THE PIPE WRAPPING, FLOOR TILE/MASTIC, EXTERIOR WINDOW CAULKING				
VII. QUANTITY OF RAGM TO BE REMOVED: FLOOR TILE/mastic, 2500 SF, PIPE INSULATION WRAP 200 LNFt, 6 Windows				
Pipes (LN FT): 200 LNFt		Surface Area (SQ FT): 2,500 SF		(6 Windows Removed IN PLACE) Volume of Facility Components (CU FT): 6 Windows
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 0				
Category I: <input checked="" type="checkbox"/>			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/30/25      Complete: 4/15/25				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/16/25      Complete: 6/25/25				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
CONTAINMENT, WET METHOD, NEG-AIR, D-CON UNIT, INDEPENDENT AIR MONITORING/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 CONTAIN AREA WINDOWS DOORS, VENTS. PLACE SIGNS NEG-AIR, D-CON UNIT IN PROPER PLACES. REMOVE PIPE INSULATION WET METHOD, DOUBLE BAG, REMOVE FLOOR TILE/MASTIC, WET METHOD, DOUBLE BAG, CLEAN-UP, HEPA-VAC, GET AIR CLEARANCE REMOVE WINDOWS INTACT LAST THING, WRAP, TAPE, TAG, GET VISUAL INSPECTION.

XIII. WASTE TRANSPORTER #1

Name: Construction Waste Management, Inc  
Address: P.O. BOX 2489  
City: Oxford State: MS Zip: 38655  
Contact Person: JAY SPENCER Tel: 662-513-7999 Ext. 2

WASTE TRANSPORTER #2 N/A

Name:  
Address:  
City: State: Zip:  
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: Three River Regional Landfill  
Address: 1904 Pontotoc Parkway W.  
City: Pontotoc State: MS Zip: 38863  
Contact Person: OFFICE MANAGEMENT Tel: 662-488-0444

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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:  
REMAIN UNDER CONTAINMENT, NEG-AIR, STOP WORK, CONTACT OWNER/MDEQ OF CHANGE. FOLLOW MDEQ DIRECTION, REVISE NOTIFICATION.

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) 3/18/25 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  
Jimmy Bell  
Type or Print Name Jimmy Bell (Signature of Owner/Operator) 3/18/25 (Date)