



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 4/18/2025	Alt 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: EE Bass Cultural Art Center				
Address 323 S Main St, Greenville, MS 38701-4746				
City: Greenville	State: MS	Zip: 38701	County: Washington	
Site Location: Gym		Tel: (662) 332-2246		
Building Size 25,000	# of Floors: 2	Age in Years: 50+		
Present Use: Art Center		Prior Use: School		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: City of Greenville				
Address: 340 Main Street P.O. Box 897 Greenville, MS 38701				
City: Greenville	State: MS	Zip: 38701		
Contact: Terri Kogutt Lane.		Tel: 662-332-2246		
ASBESTOS REMOVAL CONTRACTOR: Anderson Enviornmental Services				
Address: 783 Harris Street				
City: Jackson	State: MS	Zip: 39202		
Contact: Daryl Anderson		Tel: 601-940-4644		
Certification Number: ABC-00002173		Expiration Date: 11-08-25		
OTHER OPERATOR: Gary Vaughn Construction				
Address: 27 Anne Drive-In Road Leland, Ms 38756				
City: Leland	State: MS	Zip: 38756		
Contact: Gary Vaughn Jr.		Tel: 662-378-3730		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 4-07-25		
Inspector: Paul Anderson	Certification Number: No. ABI- 1686	Expiration Date: 5-31-25		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Flooring, only thing impacted PLM ANALYSIS				
VII. QUANTITY OF RACM TO BE REMOVED: 250sqft Floor tile and mastic				
Pipes (LN FT):	Surface Area (SQ FT):	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: 4-30-25			Complete: 5-01-25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-04-25			Complete: 7-30-25	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Renovation of Art Center floors		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Signs, barrier tape Containment, under negative pressure, kept wet, tile placed in ACM bags		
XIII. WASTE TRANSPORTER #1		
Name: Anderson Environmental Services		
Address: 783 Harris Street		
City: Jackson	State: MS	Zip: 39202
Contact Person: Daryl Anderson	Tel: 601-354-4400	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE Republic		
Name: Big River Landfill		
Address: 52 Landfill Rd, Leland, MS 38756		
City: Leland	State: MS	Zip: 38756
Contact Person: Mike Raley	Tel: (662) 332-4487	
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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
Halt all work and notify the proper authority		
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.		
Daryl Anderson		4-18-25
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Daryl Anderson		4-18-25
Type or Print Name	(Signature of Owner/Operator)	(Date)