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REV MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM MAP

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

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------|-----------------------------|--------------------|
| MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery | | Postmark (mail only) | Date Received 07-12-2023 | AI Number 77540 |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>R= Revised START DATE</u> | | | | |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>R= RENOVATION</u> | | | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number): | | | | |
| Bldg. Name: <u>DELTA STATE UNIVERSITY UNION Building (Roof project) PENTHOUSE Boiler Room</u> | | | | |
| Address: <u>HWY 8 WEST 0001 - 1003 W SUNFLOWER RD.</u> | | | | |
| City: <u>CLEVELAND</u> | State: <u>MS</u> | Zip: <u>38733</u> | | |
| Site Location: <u>DSU CAMPUS UNION Building, CLEVELAND, MS</u> | | | Tel: <u>662-283-4334</u> | |
| Building Size: <u>600 SF.</u> | # of Floors: <u>3</u> | Age in Years: <u>40+ -</u> | | |
| Present Use: <u>VACANT TIME OF ABATEMENT</u> | | Prior Use: <u>STUDENT UNION BUILDING</u> | | |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) | | | | |
| OWNER NAME: <u>DELTA STATE UNIVERSITY</u> | | | | |
| Address: <u>0001 - 1003 W SUNFLOWER RD.</u> | | | | |
| City: <u>CLEVELAND</u> | State: <u>MS</u> | Zip: <u>38733</u> | | |
| Contact: <u>TRAVIS EVANS</u> | | Tel: <u>662-283-4334</u> | | |
| ASBESTOS REMOVAL CONTRACTOR: <u>BELL ENVIRONMENTAL SERVICES, LLC.</u> | | | | |
| Address: <u>P.O. BOX 133</u> | | | | |
| City: <u>DELTA CITY</u> | State: <u>MS</u> | Zip: <u>39061</u> | | |
| Contact: <u>JIMMY BELL</u> | | Tel: <u>662-820-2124</u> | | |
| Certification Number: <u>ABC-00001282</u> | | Expiration Date: <u>1/5/2024</u> | | |
| OTHER OPERATOR: <u>ACY MECHANICAL, LLC.</u> | | | | |
| Address: <u>P.O. BOX 724</u> | | | | |
| City: <u>WINONA</u> | State: <u>MS</u> | Zip: <u>38967</u> | | |
| Contact: <u>TRAVIS EVANS</u> | | Tel: <u>662-283-4334</u> | | |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>YES</u> | | | | |
| WAS ASBESTOS PRESENT? (Yes/No): <u>YES</u> | | Inspection Date: <u>2/7/2023</u> | | |
| Inspector: <u>BRADY L. SMITH</u> | Certification Number: <u>ABT-00011069</u> | Expiration Date: <u>8/24/2023</u> | | |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <u>SAMPLES TAKEN - MUDDIED PIPE JOINT, CW PIPE WRAP, BOILER GASKET AND ROUND BLOCK INSULATION BY BOILER. BULK SAMPLES WAS ANALYSIS BY EMSL ANALYTICAL, INC. BATON ROUGE, LA USING THE PLM METHOD.</u> | | | | |
| <u>WHITE SEALANT ON EXPOSED END OF FIBERGLASS PIPE INSULATION</u> <u>CONTAINS ASBESTOS</u> <u>(4-3" ELBOWS)</u> | | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: | | | | |
| Pipes (LN FT): <u>4-3" ELBOWS</u> | Surface Area (SQ FT): <u>0</u> | Volume of Facility Components (CU FT): <u>0</u> | | |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <u>0</u> | | | | |
| Category I: <u>✓</u> | | Category II: _____ | | |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>7/28/23</u> | | Complete: <u>7/29/23</u> | | |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>7/31/23</u> | | Complete: <u>8/29/23</u> | | |

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XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: *Wet method, Containment, NEq-Air, Glove bag, Independent Air Clearance.*

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: *DYEP AREA USING 6 MIL POLY AROUND WORK AREA, SET UP NEq-Air. Wet And REMOVE USING GLOVE BAG. WRAP/CLEANUP, ANA+T AIR CLEARANCE. (ALL WORK UNDER CONTAINMENT)*

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:

WASTE TRANSPORTER #2 *N/A*

Name: *(B.F.I.) Big River Landfill*

Address: *52 Landfill Rd.*

City: *LELAND* State: *MS* Zip: *38756*

Contact Person: *ALEISHA JOHNSON (SPECIAL WASTE)* Tel: *662-335-9737*

XIV. WASTE DISPOSAL SITE *N/A*

Name:

Address:

City: State: Zip:

Contact Person: Tel:

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:

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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

CONTINUE REMOVAL under Containment; Contact owner and MDEQ of change, revise MDEQ 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 (Signature of Owner/Operator) *7/12/23*
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
Jimmy Bell
Type or Print Name (Signature of Owner/Operator) *7/12/23*
(Date)