

# 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 <b>6/24/2024</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Belhaven University - Wells Hall -</b>				
Address: <b>1500 Peachtree Street</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39202</b>	
Site Location: <b>Select Areas Throughout Building</b>			Tel: <b>601-238-3735</b>	
Building Size: <b>18,000 SF</b>		# of Floors: <b>3</b>	Age in Years: <b>50</b>	
Present Use: <b>Residence Hall</b>		Prior Use: <b>Residence Hall</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Belhaven University</b>				
Address: <b>1500 Peachtree Street</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39202</b>	
Contact: <b>Wayne Green</b>			Tel: <b>601-238-3735</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Specialty Abatement Services, Inc.</b>				
Address: <b>PO Box 15925</b>				
City: <b>Hattiesburg</b>		State: <b>MS</b>	Zip: <b>39404</b>	
Contact: <b>William Stamps</b>			Tel: <b>601-264-5550</b>	
Certification Number: <b>ABC-00001660</b>			Expiration Date: <b>2/23/2025</b>	
OTHER OPERATOR: <b>Service Master Restoration</b>				
Address: <b>119 Cypress Cove</b>				
City: <b>Flowood</b>		State: <b>MS</b>	Zip: <b>39232</b>	
Contact: <b>Hunter Gann</b>			Tel: <b>601-476-6413</b>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>5/31/2024</b>	
Inspector: <b>Rashael Hawkins</b>		Certification Number: <b>ABI-00011913</b>	Expiration Date: <b>6/9/2024</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<b>Flooring, Mastics, Cove base, Ceiling texture, Roofing</b>				
<b>Bulk samples were collected and read by PLM at Moody Labs</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>Floor Tile , Mastic &amp; Ceiling Texture</b>				
Pipes (LN FT):		Surface Area (SQ FT): <b>4,200 SF</b>	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: <b>7/8/2024</b>			Complete: <b>7/30/2024</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>7/8/2024</b>			Complete: <b>7/30/2024</b>	

**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 CRUMBLED, 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)

6/24/2024

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

6/24/2024

(Date)