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MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only) Emailed 8/31/21	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Revised				
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)				
B'ldg. Name: MSU Forest & Wildlife Facilities-MS State University				
Address: 1974 Blackjack Road				
City: Mississippi State	State: MS	Zip: 39759		
Site Location: Greenhouse	Tel: 662-325-2323			
Building Size: Unknown	# of Floors: 1	Age in Years: Unknown		
Present Use: Vacant	Prior Use: Greenhouse			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Mississippi State University				
Address: Mississippi State University				
City: Mississippi State	State: MS	Zip: 39762		
Contact: N/A	Tel: 662-325-2323			
REMOVAL CONTRACTOR: West Brothers (Demo Contractor)				
Address: 5716 Hwy 182 E				
City: Columbus	State: MS	Zip: 39702		
Contact: Landing Boyd	Tel:			
OTHER OPERATOR: Snyder Environmental & Construction, LLC (Asbestos Removal Contractor)				
Address: 7705 Northshore Place				
City: North Little Rock	State: AR	Zip: 72118		
Contact: Justin Dixon				
V. IS ASBESTOS PRESENT? (Yes/No) Yes				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
Assumed Exterior Transite Paneling				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area: 532 SF Exterior Transite				Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/13/2021 Complete: 9/15/2021				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/15/2021 Complete: 12/31/2021				

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

Materials listed above to be removed by hand so facility can be demolished.

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

Materials will be wetted before/during/after abatement, packaged, labeled and transported to a certified class 1 landfill.

XII. WASTE TRANSPORTER #1

Name: Snyder Environmental & Construction, LLC

Address: 7705 Northshore Place

City: North Little Rock

State: AR

Zip: 72118

Contact Person: Justin Dixon

Tel: 501-801-2776

WASTE TRANSPORTER #2

Name:

Address:

City:

State: AR

Zip: 72118

Contact Person: N/A

Tel:

XIII. WASTE DISPOSAL SITE

Name: Two Pine Landfill

Address: 100 Two Pine Drive

City: North Little Rock

State: AR

Zip: 72118

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. 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:

XVI. 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:

Wet the unexpected, make safe the area and notify DEQ.

XVII. 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.

Barbara McElroy

Type or Print Name

Barbara McElroy
(Signature of Owner/Operator)

8/31/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy

Type or Print Name

Barbara McElroy
(Signature of Owner/Operator)

8/31/2021

(Date)