Mississippi Asbestos Demolition/Renovation Notification Form

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 38201

I. Operator Project #: [Redacted]
II. Site Location: University of MS - Isom & Hume Halls
III. Facility Description: Isom Hall Rm 202 and Hume Hall Rm 112 Summer Classroom Modifications 2022
IV. City: Jackson
V. State: MS
VI. Zip: 39201

VII. Facility Information:
- Building Size: Unknown
- Number of Floors: Unknown
- Age in Years: 60+/-
- Prior Use: Classroom Building
- Present Use: Classroom Building
- Other Operator: GC - Barnes & Brower Inc.
- Removal Contractor: Specialty Abatement Services Inc.
- Owner Name: MS Bureau of Building Grounds and Real Property Management
- Address: 501 North West St
- City: Jackson
- State: MS
- Zip: 39201
- Contact: Chad Hunter
- Phone: 662-915-7211

VIII. Is Asbestos Present? (Yes/No) Yes

IX. Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material

- Bulk Sampling PLM Methods
- On Site O&M Documentation

VII. Approximate Amount of Asbestos Including:

<table>
<thead>
<tr>
<th>Method</th>
<th>RACM To Be Removed</th>
<th>Nonfriable Asbestos Material Not To Be Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regulated ACM to be Removed</td>
<td></td>
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<tr>
<td>2. Category I ACM Not Removed</td>
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<tr>
<td>3. Category II ACM Not Removed</td>
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</table>

Indicate Unit of Measurement Below

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<thead>
<tr>
<th>Unit</th>
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<tbody>
<tr>
<td>Lf Ft</td>
<td>Lf M</td>
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<tr>
<td>Sq Ft</td>
<td>Sq M</td>
</tr>
<tr>
<td>Cu Ft</td>
<td>Cu M</td>
</tr>
</tbody>
</table>

VIII. Scheduled Dates Asbestos Removal (MM/DD/YYYY) Start: 05/25/2022 Complete: 06/22/2022
IX. Scheduled Dates Demo/Renovation (MM/DD/YYYY) Start: 06/25/2022 Complete: 06/22/2022
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Removal of ACM using hand tools and wet methods

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

Wet methods, hand tools, containment, negative pressure, double bag waste

XII. WASTE TRANSPORTER #1: SASI

Name: SASI
Address: 4009 Broadway Rd
City: Bartlett
State: TN
Zip: 38135
Contact Person: Dwight Grayson
Tel: 901-849-7711

WASTE TRANSPORTER #2: Waste Management

Name: WM Memphis
Address: 3750 Hatcher Circle
City: Memphis
State: TN
Zip: 38135
Contact Person: Carlton Gibson
Tel: 901-332-1187

XIII. WASTE DISPOSAL SITE: WM The Tunica Landfill

Name: The Tunica Landfill
Address: 6035 Bowdre Rd
City: Robinsonville
State: MS
Zip: 38765
Contact Person: Carlton Gibson
Tel: 901-332-1187

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

Name: n/a
Title: n/a
Authority: n/a
Date of Order (MM/DD/YYYY): n/a
Date Ordered to Begin (MM/DD/YYYY): n/a

XV. FOR EMERGENCY RENOVATIONS:

n/a
Date and Hour of Emergency (MM/DD/YYYY): n/a
Description of the sudden unexpected event: n/a

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

n/a

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLE, PULVERIZED, OR REDUCED TO POWDER:

All work will cease, workers will be removed from site, MDEQ will be called for inspection

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE 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:

William Stamps
Type or Print Name
Signature of Owner/Operator
05/11/2022

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

William Stamps
Type or Print Name
Signature of Owner/Operator
05/11/2022