MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: X Email ☐Mail ☐Hand Delivery	Postmark (mail only)	Date Received 10-20-22	AI Number

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O 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): USDA

Bldg. Name: USDA Starkville

Address: PO Box 5367 150 Twelve Ln

City: Miss State | State: MS | Zip: 39765

Site Location: Same Rm 128a 129b | Tel: 662 320 7419

Building Size: 10,000 | # of Floors: 3 | Age in Years: over 20

Present Use: office and labs | Prior Use: same

IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)

OWNER NAME: USDA

Address: PO Box 5367

City: Miss State | State: MS | Zip: 39441

Contact: Gay McCain | Tel: 662 320 7419

ASBESTOS REMOVAL CONTRACTOR: Environmental Services

Address: 253 Delk Road

City: Hattiesburg | State: MS | Zip: 39401

Contact: Joe Venus | Tel: 601 408 1005

Certification Number: ABC 00001330 | Expiration Date: 1/23

OTHER OPERATOR: N/A

Address:

City: | State: | Zip:

Contact: | Tel:

V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes

WAS ASBESTOS PRESENT? (Yes/No): yes | Inspection Date: 7/14/19

Inspector: Joe Venus | Certification Number: 00001353 | Expiration Date: 2023

VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

floor tile and black mastic all was PLM to detect material

VII. QUANTITY OF RACM TO BE REMOVED: 1400 sq feet

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: 11/7/22 | Complete: 11/7/22

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A | Complete:

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

N/A

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

Use wet method and hand tools

XIII. WASTE TRANSPORTER #1

Name: Environmental Services

Address: 253 Delk Road

City: Ellisville | State: MS | Zip: 39437

Contact Person: Joe Everette | Tel: 601 4774263

WASTE TRANSPORTER #2

Name: N/a

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIV. WASTE DISPOSAL SITE

Name: Robo Landfill

Address: 6447 Walalak Road

City: Scooba | State: MS | Zip: 39358

Contact Person: Mr Smith | Tel: 601 545 2121

XV. 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):

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work, call DEQ

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.

Joe Venus — Type or Print Name

(Signature of Owner/Operator)

10/20/22 ~~10/18/22~~ — (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus — Type or Print Name

(Signature of Owner/Operator)

10/20/22 ~~10/18/22~~ — (Date)