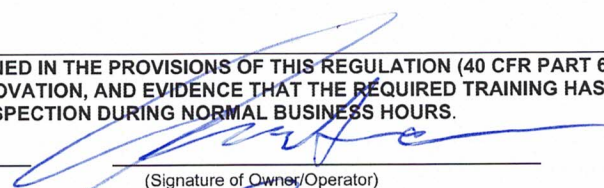
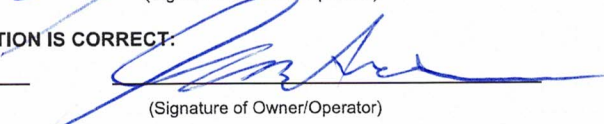


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM MAP

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

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		<b>Postmark (mail only)</b>	<b>Date Received</b> 08-21-2023	<b>AI Number</b> 36775
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <span style="float: right;">O</span>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <span style="float: right;">R</span>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: Kinesiology Building				
Address: University of Southern Mississippi Hattiesburg Campus ----- 6 Eagle Walk				
City: Hattiesburg		State: MS	Zip: 39406	
Site Location: Hattiesburg Campus			Tel: 6012708179	
Building Size: over 5000 s/f		# of Floors: 2	Age in Years: over 30	
Present Use: Empty		Prior Use: College Classes		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: University of Southern Mississippi				
Address: 118 College Dr				
City: Hattiesburg		State: MS	Zip: 39406	
Contact: Charles W Anderson Jr			Tel: 6012708179	
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of Mississippi, Inc				
Address: 761 Weatherby Rd				
City: Hattiesburg		State: MS	Zip: 39402	
Contact: Charles W Anderson Jr			Tel: 6012708179	
Certification Number: ABC-00003976			Expiration Date: 11/10/23	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: October 2020	
Inspector: Joseph Drapala		Certification Number: ABI-00003042	Expiration Date: July 20, 2021	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> TSI, Floor Coverings, Wall Coverings, Insulation materials were sampled using PLM Method by EMSL Analytical, Inc.				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>				
Pipes (LN FT): approx 120		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I: approx 240 sf tile and mastic			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 9/2/23			Complete: 10/30/23	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 8/1/23			Complete: 8/1/25	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Renovation of Existing Building Materials were uncovered to accomidate the removal of Pipe Insulation inside Mech Room		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Wet Meathod Partial Containment including Neg air units		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Abatement Contractors of Mississippi, Inc		
Address: 761 Weatherby Rd		
City: Hattiesburg	State: MS	Zip: 39402
Contact Person: Charles W Anderson Jr	Tel: 6012708179	
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Pine Belt Solid Waste		
Address: 5274 MS-29		
City: Ovett	State: MS	Zip: 39464
Contact Person:	Tel: 6015452121	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>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:</b>		
Stop work notify DEQ and Owners Professionals		
<b>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.</b>		
Charle W Anderson Jr		8/21/23
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Charles W Anderson Jr		8/21/23
Type or Print Name	(Signature of Owner/Operator)	(Date)