

REV

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 5/21/2024	AI Number 37466
I. TYPE OF NOTIFICATION (O=Original R=Revised C=Canceled A= Annual): 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): Mississippi State University			
Bldg. Name: Research & Curriculum Unit			
Address: 103 Russell Street			
City: Starkville	State: MS	Zip: 39759	
Site Location: Research & Curriculum Unit	Tel: 662-325-2510		
Building Size: Unknown	# of Floors:	Age in Years: Unknown	
Present Use: Educational learning	Prior Use: Unknown		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Mississippi State University			
Address: PO Box 5307			
City: Mississippi State	State: MS	Zip: 39762	
Contact: Unknown	Tel: 662-325-2323		
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC			
Address: 7705 Northshore Place			
City: North Little Rock	State: AR	Zip: 72118	
Contact: Justin Dixon/Andrew Ables	Tel: 501-801-2776/601-559-2185		
Certification Number: ABC-00009502	Expiration Date: 9/30/2023		
OTHER OPERATOR: N/A			
Address: N/A			
City: N/A	State: N/A	Zip: N/A	
Contact: N/A	Tel: N/A		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 5/4/2023	
Inspector: Joe Venus	Certification Number: ABI-00001353	Expiration Date: 2/9/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
PLM Bulk Samples Approx. 900 SF of 12x12 Floor Tile/Mastic.			
VII. QUANTITY OF RACM TO BE REMOVED: N/A			
Pipes (LN FT): N/A	Surface Area (SQ FT): N/A	Volume of Facility Components (CU FT): N/A	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 900 SF			
Category I:	Category II: Floor Tile/Mastic		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/1/2024		Complete: 8/30/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A		Complete: N/A	

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

Materials listed to be removed by hand so facility can be renovated.

XII. 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, during and after abatement, properly packaged, labeled and transported to a class 1 landfill for disposal.

XIII. WASTE TRANSPORTER #1

Name: Snyder Environmental & Construction, LLC

Address: 7705 Northshore Place

City: North Little Rock State: AR Zip: 72118

Contact Person: Andrew Abels Tel: 601-559-2185

WASTE TRANSPORTER #2 N/A

Name: N/A

Address: N/A

City: N/A State: N/A Zip: N/A

Contact Person: N/A Tel: N/A

XIV. WASTE DISPOSAL SITE

Name: Alternative Waste Landfill

Address: 43 White City Road

City: Mayflower State: AR Zip: 72106

Contact Person: N/A Tel: 501-851-1171

XV. 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/YY): N/A Date Ordered to Begin (MM/DD/YY): N/A

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): 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

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:

Wet the unexpected, make area safe and notify 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.

Barbara McElroy Type or Print Name Barbara McElroy (Signature of Owner/Operator) 5/21/2024 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy Type or Print Name Barbara McElroy (Signature of Owner/Operator) 5/21/2024 (Date)