MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Man notification to: MAD		aph()	Date Rec	·eived	Al Number		
MDEQ Use Only: ☐Email ☐Mail ☐Hand Delivery	Postmark (mail o		Date Received 6/27/2025		37466		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):							
U TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Memorial Hall floor tile on 1st filloof office fooths 120-111							
Bldg. Name: MSU Memorial Hall							
Address: 365 Barr Ave		State: MS	 -T	00700			
_{City:} Mississippi State			zip: 39762		7669		
Site Location: Same			Tel: 662 325 7668				
Building Size: 20,000 sf		# of Floors: 2		Age in Years: >30			
Present Use: Offices and Library Prior Use: Sar							
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Mississippi State University							
Address: 75 B.S. Hood Road							
City: Mississippi State		State: MS		_{Zip:} 39762			
Contact: Mathew Mackey		Tel: 662 418		9736			
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: Jan 2 2026				
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 Inst				ction Date: May 1, 2025			
Increaser: Lee Roberts Certification Number: ABI 00009020 Expiration Date: Jan 9 2026							
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
9x9 Flooring and black mastic contsain asbestos (assumed)							
VII. QUANTITY OF RACM TO BE REMOVED:							
1							
Pipes (LN FT): Surface Area (SQ FT): Volume of Facility Components (CU FT):							
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 4,000 Sf							
Category I: Category II: Category II: Camplete: June 25, 2025							
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/TT) Statt.							
X. SCHEDULED DATES DEMO/RENOVATIO	N (MM/DD/YY) S	start: IN/A		Complete); 		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA	TION WORK, AND METH	OD(S) TO BE USED:				
Removal of floring materials using the wet	method					
-		SED TO DEEVENT EMISSIONS OF ASRESTOS AT THE				
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERIN DEMOLITION OR RENOVATION SITE:	AR CONTROLS TO BE O	GED TO LUTATION FUNDOLOGIC OF MODERA CONT. THE				
Wet materials and remove using hand tool	S					
XIII. WASTE TRANSPORTER #1						
Name: Environmental Services						
Address: 253 Delk Road						
_{City:} Hattiesburg	State: MS	_{Zip:} 39401				
Contact Person: Joe Venus		Tel: 601 408 1005				
WASTE TRANSPORTER #2 N/A						
Name:						
Address:						
City:	State:	Zip:				
Contact Person:		Tel:				
XIV. WASTE DISPOSAL SITE						
Name: Robo Landfill						
Address: 6447 Walalak Rd						
City: Scooba	State: MS	zip: 39358				
Contact Person: Mr Roland Tel: 662 793 4795						
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:						
Name: N/A Title:						
Authority: Date Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):						
Date of Order (Wilding D. 11).						
XVI. FOR EMERGENCY RENOVATIONS: N/A						
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:						
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XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED	IN THE EVENT THAT UN	EXPECTED 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 PI	ROVISIONS OF THIS REC	GULATION (40 CFR PART 61, SUBPART M) WILL BE				
ONSITE DURING THE DEMOLITION OR RENOVATION, ANI THIS PERSON WILL BE AVAILABLE FOR INSPECTION DU	DEVIDENCE IMAL INC.	SS HOURS.				
Joe Venus	6/26/25					
Type or Print Name	(Signature of Owner/Opera	ttor) (Date)				
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT Joe Venus 6/26/25						
Type or Print Name	ator) (Date)					