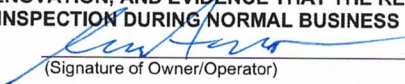



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 2/28/2024	AI Number 36775
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R Additional Pipe Insulation Found				
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)				
Bldg. Name: Kinesiology Building				
Address University of Southern Mississippi, Hattiesburg Campus----- 6 Eagle Walk				
City: Hattiesburg		State: MS	Zip: 39401	County: Forrest
Site Location: Hattiesburg MS			Tel: 6012708179	
Building Size over 5000 s/f		# of Floors: 2	Age in Years: over 30	
Present Use: Emoty		Prior Use: College Classes		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: University of Southern Mississippi				
Address: 118 College Dr				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Charles W Anderson Jr			Tel: 6012708179	
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of Mississippi, Inc				
Address: 761 Weathersby Rd				
City: Hattiesburg		State: MS	Zip: 39402	
Contact: Charles W Anderson Jr			Tel: 2708179	
Certification Number: ABC-00003976			Expiration Date: 12/09/24	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): yes			Inspection Date: October 2020	
Inspector: Joesph Drapala		Certification Number: ABI-00003042	Expiration Date: July 20 2021	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: TSI, Floor Coverings, Wall Coverings, Insulation Materials, were sampled using PLM Method by EMSL Analytical, Inc.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): Approx 1200 l/f		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: 3/18/24			Complete: 6/15/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/1/23			Complete: 8/1/25	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Renovation of Existing Building. Additional Materials were found in attic and are needed to be removed		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Wet Method, Partial Containment, Neg Air units		
XIII. WASTE TRANSPORTER #1		
Name: Abatement Contractors of Mississippi, Inc		
Address: 761 Weathersby Rd		
City: Hattiesburg	State: MS	Zip: 39402
Contact Person: Charles W Anderson Jr	Tel: 6012708179	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Pine Belt Solid Waste		
Address: 5274 MS-29		
City: Ovett	State: MS	Zip: 39464
Contact Person:	Tel: 6015452121	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
Stop work Notify Owner and 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.		
Charles W Anderson Jr		2/28/24
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT		
Charles W Anderson Jr		2/28/24
Type or Print Name	(Signature of Owner/Operator)	(Date)