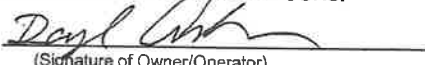



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 01/17/2024	At Number 79998
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
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: Whitney Complex				
Address: 1000 ASU DRIVE				
City: Lorman		State: MS	Zip: 39096	
Site Location: Gym Mechanical Room			Tel: (601) 877-6100	
Building Size: Approx. 20,000sf		# of Floors: 2	Age in Years: 40+	
Present Use: Gym		Prior Use: Gym		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Institution of Higher Learning				
Address: 3825 Ridgewood Rd, Jackson, MS 39211				
City: Jackson		State: MS	Zip: 39211	
Contact: Dr. Alfred E. McNair			Tel: (601) 432-6647	
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL				
Address: 783 HARRIS STREET				
City: JACKSON		State: MS	Zip: 39202	
Contact: DARYL ANDERSON			Tel: 601-354-4400	
Certification Number: ABC-00002173			Expiration Date: 10-27-24	
OTHER OPERATOR: CMC				
Address: 7070 Exchequer Drive Baton Rouge, LA 70809				
City: Baton Rouge		State: LA	Zip: 70809	
Contact: John Edwards			Tel: 504.265.0017	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 7-27-2023	
Inspector: Alfred Martin		Certification Number: ABI-00001570		Expiration Date: 03/17/2024
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Mechanical Room TSI Procedure PLM-Polarized Light Microscopy				
VII. QUANTITY OF RACM TO BE REMOVED: 1500sf tank insulation				
Pipes (LN FT): 3000		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: 2-01-24			Complete: 2-28-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-01-24			Complete: 5-30-24	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Renovation of mechanical room, remove and replace TSI		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Area barricaded off, contained, placed under negative pressure, material kept wet and placed in lined dumpster for disposal		
XIII. WASTE TRANSPORTER #1		
Name: Waste Management Natchez MS		
Address: 35 Shieldsboro Rd, Sibley, MS 39165		
City: Sibley	State: MS	Zip: 39165
Contact Person: Transportation Manager		Tel: (866) 909-4458
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE Waste Management		
Name: Plantation Oak Landfill		
Address: 35 Shieldsboro Rd, Sibley, MS 39165		
City: Sibley	State: MS	Zip: 39165
Contact Person: Landfill Manager		Tel: (866) 909-4458
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: Halt all work and notify the proper authority		
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.		
DARYL ANDERSON <small>Type or Print Name</small>		 <small>(Signature of Owner/Operator)</small>
		1-17-24 <small>(Date)</small>
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
DARYL ANDERSON <small>Type or Print Name</small>		 <small>(Signature of Owner/Operator)</small>
		1-17-24 <small>(Date)</small>