

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 10-21-2024	AI Number 37466
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Rooms 117, 205 flooring				
Bldg. Name: McKay Food Research and Enology Lab #1182 Bldg				
Address: 205 Technology Drive Blvd				
City: Starkville		State: MS	Zip: 39759	
Site Location: Same		Tel: 662 418 0731		
Building Size: 3000 SF		# of Floors: S	Age in Years: >30	
Present Use: Occupied		Prior Use: same		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Mississippi State University				
Address: PO Box 5208				
City: Mississippi State		State: MS	Zip: 39762	
Contact: David Howell		Tel: 662 418 0731		
ASBESTOS REMOVAL CONTRACTOR: Environmental Services				
Address: 253 Delk Road				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Joe Venus		Tel: 6014081005		
Certification Number: ABC00001330			Expiration Date: Jan 2 2025	
OTHER OPERATOR: n/a				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <input checked="" type="radio"/> Yes				
WAS ASBESTOS PRESENT? (Yes/No): <input checked="" type="radio"/> Yes			Inspection Date: Aug 8 2024	
Inspector: Lee Roberets		Certification Number: ABI-00009020	Expiration Date: Feb 7 2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Flooring, walls, and ceilings, w/flimoleum flooring materials, PLM analyas				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 750 SF		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/4/24			Complete: 11/4/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete:	

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

Removal of flooring using the wet method in specified rooms

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Wet materials and remove using hand tools

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

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: RoBo landfill

Address: 6447 Walalak Road

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland Edwards

Tel: 662 793 4795

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work call 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.

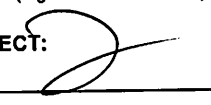
Joe Venus
Type or Print Name


(Signature of Owner/Operator)

10/21/24
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus
Type or Print Name


(Signature of Owner/Operator)

10/21/24
(Date)