

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 4/29/2025	AI Number 36775
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): UNIVERSITY OF SOUTHERN MISSISSIPPI				
Bldg. Name: BENNET AUDITORIUM				
Address: 118 COLLEGE DR				
City: HATTIESBURG		State: MS	Zip: 39406	
Site Location: BENNET AUDITORIUM		Tel: 228 235 8441		
Building Size: BENNET AUDITORIUM		# of Floors: 2	Age in Years: 30+	
Present Use: AUDITORIUM		Prior Use: AUDITORIUM		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Christine Walck				
Address: 118 College Dr				
City: Hattiesburg		State: MS	Zip: 39406	
Contact: Christine Walck		Tel: 228 235 8441		
ASBESTOS REMOVAL CONTRACTOR: 1 SOURCE SERVICES LLC				
Address: 4307 Powell Ave				
City: MEMPHIS		State: TN	Zip: 38122	
Contact: JAIRO ORTEZ		Tel: 901 626 3301		
Certification Number: ABC-00010450			Expiration Date: APRIL 15- 2025	
OTHER OPERATOR: Tombigbee Contractors, LLC				
Address: P. O. Box 959 619 Highway 145 N.				
City: Aberdeen		State: MS	Zip: 39730	
Contact: Austin Bowen		Tel: 662 436 1861		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: MAY 17 2022	
Inspector: WILLIE J NESTER		Certification Number: ABC-00002244	Expiration Date: JAN 18 2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: material was bulk sample by PLM and tested positive for asbestos				
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: 76 windows caulking Approx. 2,200 sqft		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: may 13- 25			Complete: may 17 2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: NA			Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**EXTERIOR WINDOWS TO BE RENOVATED****XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**

exterior caulking to be removed by using drop cloth, warning barricade tape, wearing suits, respirators, water to keep ACM wet, ACM to be manifested and taken to landfill

XIII. WASTE TRANSPORTER #1

Name: 1 SOURCE SERVICES

Address: 4307 POWELL AVE

City: MEMPHIS

State: TN

Zip: 38122

Contact Person: JAIRO ORTEZ

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Republic Services

Address: 5494 Malone RD

City: MEMPHIS

State: TN

Zip: 38118

Contact Person: Shana Fristick

Tel: 901 794 3800

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

Name: NA

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:

NA

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

NA

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, WET AND COVER MATERIAL CALL MDEQ
proceed accordantly**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.**

Jairo Ortiz

Type or Print Name


(Signature of Owner/Operator)

4/30/25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jairo Ortiz

Type or Print Name


(Signature of Owner/Operator)

4/30/25

(Date)