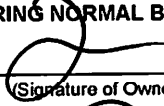



# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

|   |                       |   |                                     |                    |
|---|-----------------------|---|-------------------------------------|--------------------|
| MDEQ Use Only:<br><input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery                                  |                       | Postmark (mail only)<br>05/06/2025 Orig EM      | Date Received<br>05/07/2025         | AI Number<br>37466 |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>O</u>   |                       |   |                                     |                    |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>R</u>  |                       |   |                                     |                    |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <u>Library Bldg floor tile on 3rd floor office rooms 3009-3400</u>            |                       |   |                                     |                    |
| Bldg. Name: <u>MSU Library</u>  |                       |   |                                     |                    |
| Address: <u>395 Hardy Rd</u>  |                       |   |                                     |                    |
| City: <u>Mississippi State</u>  |                       | State: <u>MS</u>                                | Zip: <u>39762</u>                   |                    |
| Site Location: <u>Same</u>  |                       | Tel: <u>662 325 7668</u>                        |                                     |                    |
| Building Size: <u>20,000 sf</u>   |                       | # of Floors: <u>2</u>                           | Age in Years: <u>&gt;30</u>         |                    |
| Present Use: <u>Offices and Library</u>   |                       | Prior Use: <u>same</u>                          |                                     |                    |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)  |                       |   |                                     |                    |
| OWNER NAME: <u>Mississippi State University</u>   |                       |   |                                     |                    |
| Address: <u>130 Robert Louis Jones Cir, Starkville, MS 39759-Facilities Mangement</u>   |                       |   |                                     |                    |
| City: <u>Mississippi State</u>  |                       | State: <u>MS</u>                                | Zip: <u>39762</u>                   |                    |
| Contact: <u>Mathew Mackey</u>   |                       | Tel: <u>662 418 9736</u>                        |                                     |                    |
| ASBESTOS REMOVAL CONTRACTOR: <u>Environmental Services</u>  |                       |   |                                     |                    |
| Address: <u>253 Delk Road</u>   |                       |   |                                     |                    |
| City: <u>Hattiesburg</u>  |                       | State: <u>MS</u>                                | Zip: <u>39401</u>                   |                    |
| Contact: <u>Joe Venus</u>   |                       | Tel: <u>601 408 1005</u>                        |                                     |                    |
| Certification Number: <u>1056 CUV 1330</u>  |                       | Expiration Date: <u>Jan 6<sup>th</sup> 2026</u> |                                     |                    |
| OTHER OPERATOR: <u>N/A</u>  |                       |   |                                     |                    |
| Address:  |                       |   |                                     |                    |
| City:   |                       | State:  | Zip:                                |                    |
| Contact:  |                       | Tel:  |                                     |                    |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>Yes</u>   |                       |   |                                     |                    |
| WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>  |                       |   | Inspection Date: <u>May 1, 2025</u> |                    |
| Inspector: <u>Lee Roberts</u>   |                       | Certification Number: <u>ABI 00009020</u>       | Expiration Date: <u>Jan 9 2026</u>  |                    |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:<br><u>9x9 Flooring and black mastic contain asbestos (assumed)</u> |                       |   |                                     |                    |
| 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: <u>5,206 sf</u>  |                       |   |                                     |                    |
| Category I:   |                       | Category II:                                    |                                     |                    |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>May 20, 2025</u>  |                       |   | Complete: <u>May 27, 2025</u>       |                    |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>N/A</u>   |                       |   | Complete:                           |                    |

|   |   |            |
|---|---|------------|
| <b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>  |   |            |
| Removal of flooring materials using the wet method  |   |            |
| <b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>  |   |            |
| Wet materials and remove using hand tools   |   |            |
| <b>XIII. WASTE TRANSPORTER #1</b>   |   |            |
| Name: Environmental Services  |   |            |
| Address: 253 Delk Road  |   |            |
| City: Hattiesburg   | State: MS   | Zip: 39401 |
| Contact Person: Joe Venus   | Tel: 601 408 1005   |            |
| <b>WASTE TRANSPORTER #2 N/A</b>   |   |            |
| Name:   |   |            |
| Address:  |   |            |
| City:   | State:  | Zip:       |
| Contact Person:   | Tel:  |            |
| <b>XIV. WASTE DISPOSAL SITE</b>   |   |            |
| Name: Robo Landfill   |   |            |
| Address: 6447 Walalak Rd  |   |            |
| City: Scooba  | State: MS   | Zip: 39358 |
| Contact Person: Mr Roland   | Tel: 662 793 4795   |            |
| <b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>  |   |            |
| Name: N/A   | Title:  |            |
| Authority:  |   |            |
| Date of Order (MM/DD/YY):   | Date Ordered to Begin (MM/DD/YY):   |            |
| <b>XVI. FOR EMERGENCY RENOVATIONS: N/A</b>  |   |            |
| 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:  |   |            |
| <b>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:</b>   |   |            |
| Stop work call DEQ  |   |            |
| <b>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.</b> |   |            |
| Joe Venus   |  | 5/6/25     |
| Type or Print Name  | (Signature of Owner/Operator)   | (Date)     |
| <b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>  |   |            |
| Joe Venus   |  | 5/6/25     |
| Type or Print Name  | (Signature of Owner/Operator)   | (Date)     |