

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) 05/06/2025 Orig EM	Date Received 05/07/2025	AI Number 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>Memorial Hall floor tile on 1st fl floor office rooms 120-111</u>				
Bldg. Name: <u>MSU Memorial Hall</u>				
Address: <u>365 Barr Ave</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>>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>75 B.S. Hood Road</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>ABC 0000 1330</u>		Expiration Date: <u>Jan 6th 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: <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>4,000 sf</u>				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>May 28, 2025</u>			Complete: <u>June 13 2025</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>N/A</u>			Complete:	

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

Removal of flooring materials using the wet method

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 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Robo Landfill

Address: 6447 Walalak Rd

City: Scooba

State: MS

Zip: 39358

Contact Person: Mr Roland

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: N/A

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 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)

5/6/25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

5/6/25

(Date)