

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)
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: IED Bldg			
Address Mississippi State University			
City: Mississippi State	State: MS	Zip: 39765	
Site Location: same		Tel: 601 408 1525	
Building Size 20,700	# of Floors: 2	Age in Years: >20	
Present Use: classroom	Prior Use:		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Mississippi State University			
Address: PO Box 5208			
City: Mississippi State	State: MS	Zip: 39762	
Contact: Matt Weeks		Tel: 662 2517862	
REMOVAL CONTRACTOR Environmental Services			
Address: 253 Delk Road			
City: Hattiesburg	State: MS	Zip: 39401	
Contact: Joe Venus		Tel: 6014081005	
OTHER OPERATOR: N/A			
Address:			
City:	State:	Zip:	
Contact:			
V. IS ASBESTOS PRESENT? (Yes/No) Yes			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):			
by Joe Venus, Ext siding			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Indicate Unit of Measurement Below
			Category I
Pipes			Ln Ft: Ln M:
Surface Area			Sq Ft: X Sq M:
Vol RACM Off Facility Component		1500	Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		1/28/2021	Complete: 1/31/2021
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		N/A	Complete:

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

N/A

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

Use wet method and use of hand scrapers to keep dust down.

XII. WASTE TRANSPORTER #1

Name: Environmental Servicves

Address: 253 Delk Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Joe Venus

Tel: 6014081005

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Robo landfill

Address: Hwy 45

City: Shurerluk

State: MS

Zip: 39464

Tel: Roland 662 361 0300

XIV. 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):

XV. 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:
Stop work call DEQ

XVI. 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:

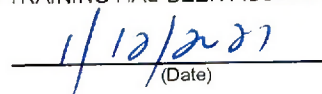
Stop work call DEQ

XVII. 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.



Type or Print Name

(Signature of Owner/Operator)

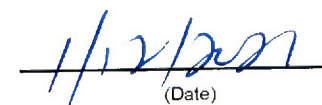

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:



Type or Print Name

(Signature of Owner/Operator)


(Date)

N/A