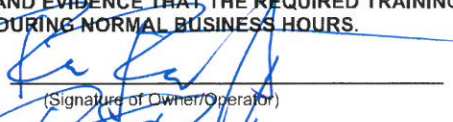


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 <b>09-12-2023</b>	AI Number <b>6971</b>
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Greenhouse 16 - USDA National Sedimentation Laboratory</b>				
Address: <b>598 McElroy Drive</b>				
City: <b>Oxford</b>		State: <b>MS</b>	Zip: <b>38655</b>	
Site Location: <b>598 McElroy Drive, Oxford, MS 38655</b>				Tel:
Building Size: <b>650 SF</b>		# of Floors: <b>1</b>	Age in Years: <b>30+</b>	
Present Use: <b>Vacant</b>		Prior Use: <b>Greenhouse</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>USDA National Sedimentation Laboratory</b>				
Address: <b>598 McElroy Drive</b>				
City: <b>Oxford</b>		State: <b>MS</b>	Zip: <b>38655</b>	
Contact: <b>Jake Walbert - Codray Construction</b>			Tel: <b>503-206-9223</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Demolition Specialist, LLC</b>				
Address: <b>P.O. Box 103</b>				
City: <b>Taylor</b>		State: <b>MS</b>	Zip: <b>38673</b>	
Contact: <b>Ross Boatright</b>			Tel: <b>662-816-8928</b>	
Certification Number: <b>ABC - 00007778</b>			Expiration Date: <b>04/05/2024</b>	
OTHER OPERATOR: <b>N/A</b>				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>8/10/2023</b>	
Inspector: <b>Nick Pearson</b>		Certification Number: <b>ABI-00010900</b>	Expiration Date: <b>08/15/2024</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Window Caulking &amp; Glazing - Eurofins Aerotech Built Environment Testing, Inc.</b> <b>Light Microscopy</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): <b>600 LF</b>		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <b>N/A</b>				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>9-25-2023</b>			Complete: <b>9-28-2023</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>9-27-2023</b>			Complete: <b>9-30-2023</b>	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> Wet Method / Scraped - Window caulk/Glazing, bag & seal, dispose in DEQ approved landfill.		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Water will be continuous & appropriate PPE. Bag & seal Immediately.		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Demolition Specialist, LLC		
Address: P.O. Box 103		
City: Taylor	State: MS	Zip: 38673
Contact Person: Ross Boatright	Tel: 662.816.8928	
<b>WASTE TRANSPORTER #2 N/A</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Three Rivers Landfill		
Address: 1904 Hwy 76W		
City: Pontotoc	State: MS	Zip: 38863
Contact Person: Alicia	Tel: 662.488.0444	
<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> Work will cease if suspected ACMs are found. Wet method will be used and the addition of air monitoring will commence if deemed necessary. All MDEQ protocols will be followed for removal & disposal.		
<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>		
Ross Boatright		9-11-2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Ross Boatright		9-11-2023
Type or Print Name	(Signature of Owner/Operator)	(Date)