MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Mail notification to: MD							
MDEQ Use Only: ■Email □Mail □Hand Delivery	Postmark (mail		Date Rec	12/20/23	Al Number		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):							
Bldg. Name: Media Center							
Address: 100 Lee Blvd							
_{Dity:} Starkville		State: MS		Zip: 39759			
Site Location: Same				Tel: 412 216 3667			
Building Size: 10,000		# of Floors: 1		Age in Years: > 20			
Present Use: Media Center	Use: Media Center Prior Use: Media center, Florist						
IV FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
Mississippi State University OWNER NAME:							
Address: 75 B.S. Hood Drive							
_{Citv:} Mississippi State		State: MS		_{Zip:} 39762			
Contact: Marshall Davis				_{Tel:} 662 412 216 3667			
ASBESTOS REMOVAL CONTRACTOR: Envoironmental Services							
Address: 253 Delk Hoad							
_{City:} Hattiesburg			State: MS		_{Zip:} 39401		
Contact: Joe Venus			_	Tel: 601408 1005			
Certification Number: ABC00001330			Expiration	Expiration Date: Jan 3 2024			
OTHER OPERATOR: N/A							
Address:							
City:	State:			Zip:			
Contact:				Tel:			
V WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES							
WAS ASBESTOS PRESENT? (Yes/No); YeS,			Inspection	tion Date: October 11, 2020			
Lee Roberts Certification Number: ABI00009020 Expiration Date: Feb 9, 2024							
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: asbestos floor tiles, and roofing wall mastic PLM analysis							
VII. QUANTITY OF RACM TO BE REMOVED:							
Dince (I NI ET):	Surface Area /	SO FT): 300 sq 1	ft	Volume of Facility C	omponents (CU FT):		
Pipes (LN FT): Surface Area (SQ FT): 300 SQ ft VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:							
Cotomory III:							
IX SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/3/23 1/3/24 Complete: 1/3/23 1/3/24							
x. scheduled dates demo/renovation (MM/DD/YY) Start: N/A (not deceided) Complete:							
X. SCHEDULED DATES DEMOCKENOVATION (MINISTED) 11/ State.							

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Remove of floor tile using wet methois and hand tools							
		O DE LIGED TO BEEV	ENT EMISSIONS OF ASRESTOS AT THE				
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING DEMOLITION OR RENOVATION SITE:		O RE OSED IO LKEA	ENT EMISSIONS OF ASSESTOS AT THE				
Wet material and remove by hand using ha	ind tools						
XIII. WASTE TRANSPORTER #1							
Name: Environmental Services							
Address: 253 Delk Road	NAC	30	101				
_{City:} Hattiesburg	State: MS	Zip: 39	Zip: 39401				
ontact Person: JOE Tel: 6014081005							
WASTE TRANSPORTER #2							
Name: N/A							
Address:							
City:	State:	Zip:	Zip:				
Contact Person:			Tel:				
XIV. WASTE DISPOSAL SITE							
Name: Pine Belt Regional							
Address: 5274 Hwy 29			404				
_{City:} Ovett	State: MS	Zip: 39					
Contact Person: Mr Smith	Tel: 601 545 2121						
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:							
ame: N/A Title:							
Authority:							
Data Ordered to Regin (MM/DD/VV):							
Date of Order (MM/DD/YY): Thate Ordered to Begin (MM/DD/YY). XVI. 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 wou	ıld cause equipmer	nt damage or an unrea	sonable financial burden:				
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY							
NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Stop work call DEQ							
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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			12/19/23				
Type or Print Name	(Signature of Own	er/Operator)	(Date)				
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:							
Joe Venus	12/19/23						
Type or Print Name	(Signature of Owner/Operator) (Date)						