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# 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 2/28/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/> O <input checked="" type="radio"/> R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input checked="" type="radio"/> R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Chain Tech				
Address: 103 Charles Ln Dr				
City: Hattiesburg		State: MS	Zip: 39401	County: Forrest
Site Location: Hattiesburg MS			Tel: 6012708179	
Building Size: over 10,000 s/f		# of Floors: 4	Age in Years: over 30	
Present Use: Classrooms College		Prior Use: Classrooms College		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: University of Southern Mississippi				
Address: 118 College Dr				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Charles W Anderson Jr			Tel: 6012708179	
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of Mississippi, Inc				
Address: 761 Weathersby Rd				
City: Hattiesburg		State: MS	Zip: 39402	
Contact: Charles W Anderson Jr			Tel: 2708179	
Certification Number: ABC-00003976			Expiration Date: 12/09/24	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO Assumed				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 9x9 Floor Tiles and Black Mastic Assumed to contain ASBESTOS and to be removed Accordingly				
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:				
Category I: 2000 s/f Tile and Mastic			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/1/24			Complete: 7/15/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

Renovation of Existing Classroom, Rooms 233 & 236

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

Wet Method, Partial Containment, Neg Air units

XIII. WASTE TRANSPORTER #1

Name: Abatement Contractors of Mississippi, Inc

Address: 761 Weathersby Rd

City: Hattiesburg

State: MS

Zip: 39402

Contact Person: Charles W Anderson Jr

Tel: 6012708179

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Solid Waste

Address: 5274 MS-29

City: Overt

State: MS

Zip: 39464

Contact Person:

Tel: 6015452121

XV. 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):

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 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 Notify Owner and 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.

Charles W Anderson Jr

Type or Print Name

(Signature of Owner/Operator)

2/28/24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles W Anderson Jr

Type or Print Name

(Signature of Owner/Operator)

2/28/24

(Date)