## STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements. (X) Original () Revision () Canceled I. TYPE OF NOTICE: ( ) Annual ( ) Info. Only ( ) Demolition II. TYPE OF PROJECT: (X) Renovation () Demolition () Ordered Demolition () Emergency Renovation III. SITE INFORMATION: Name: Hume Hall & Peabody Hall (Multiple Rooms) Description: Hume Hall (Rms 106, 231, 237 & 330) - Peabody Hall (Rms 308, 308F, 310B, 310C, 310D & 310E) Address: 1716 University Circle - 1896 University Circle City: University County: Lafayette State: MS ZIP: Contact Person: Lorre Barrett Telephone: 662-940-5411 IV. OWNER INFORMATION: Name: University of MS – Dept of Facilities Planning Full Mailing Address: 700 Harthorn Rd., University, MS 38677 Contact Person: Lorre Barrett Telephone: 662-915-6767 V. ASBESTOS REMOVAL CONTRACTOR: Name: \_\_\_\_\_Eagle Construction Certification No.: ABC 1799 Expiration Date: 8/25/17 Full Mailing Address: 1450 Old Brandon Rd., Flowood, MS 39232 Telephone: 601-940-5411 Contact Person: Chuck Womack VI. CONTRACTOR (Other): Name: N/A Full Mailing Address: Telephone: Contact Person: \_\_\_\_ VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY): Removal Project Start: 12 / 12 / 16 Removal Project Stop: 12 / 18 / 16 VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY): Project Start: 12 / 12 / 16 Project Stop: 1 / 31 / 17 Prep. Date: / / IX. BUILDING INFORMATION: Bldg. Size (SQ FT): \_\_\_\_25,000 ea. \_\_\_Bldg. Size (LNFT): \_\_\_ No. of Floors: 3 Age in Years: Present Use: \_\_\_\_\_ Classrooms Prior Use: Classrooms X. ASBESTOS INSPECTION: Was site inspected to determine presence of asbestos: ( X ) Yes ( ) No Inspection Date: 10 / 12 / 16 Asbestos Present? (X) Yes () No Inspector: Lamar Gilliland Cert. No.: ABI - 1036 Expiration Date: 2/4/17 Identify suspect materials sampled: Laboratory Analysis: Floor tile/mastic/cove base XI. QUANTITY OF RACM TO BE REMOVED: Surface Area (SQ FT) Pipes (LN FT) Volume of Facility Components(CU FT) XII. QUANTITY OF NONFRIABLE ASBESTOS \_\_\_\_\_NOT REMOVED X TO BE REMOVED: Category I: 2,000 sq ft floor tile/mastic Category II: XIII. WASTE TRANSPORTER: Name: Eagle Construction Full Mailing Address: 1450 Old Brandon Rd., Flowood, MS 39232

Contact Person: Chuck Womack Telephone: 601-940-5411

## STATE OF MISSISSIPPI DEMOLITON/RENOVATION FORM - CONTINUED

XIV. WASTE ASBEST	OS DISPOSAL SITE: N	lame: Little Dixie Landfill	
Physical Location:	1716 County I	ine Rd., Ridgeland, MS 39257	
Full Mailing Address:	Same		
Contact Person:	Mike Raley	Telephone:	601-982-9488
*All asbestos waste sh	ould go to a permitted sa	anitary landfill.	
XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):			
Name:	Little Dixie Landfill		
Physical Location:	1716 County L	ine Rd., Ridgeland, MS 39257	
Full Mailing Address: _	Same		004 000 0400
Contact Person:	Mike Raley	Telephone:	601-982-9488
*All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.			
VVII. DEMOVAL /DEN/	OVATION DECOCEDING	O TO DE USED (Charle all that	Laure I. V.
AVI: REWOVAL/RENG	Davids Base	S TO BE USED (Check all that	Component Removed
Strip & Remov	alXDouble Baggi	ingiviechanical Chipping	Component Removal Bulldozer X Negative Air
vvrecking Ball	Gross Demoin	lionRemove intact	Buildozer
XContainment	Glove Bag	Other - Explain Below	Negative Air
XWet Method	Rooting Saw	Other - Explain Below	
YVII DESCRIPTION	OE DI ANNED DEMOLI	TION OF PENOVATION WORK	·
XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:  Removal of asbestos containing materials with hand tools			
	Removal of aspestos to	containing materials with hand to	
XVIII. PROCEDURES	TO BE FOLLOWED IF	UNEXPECTED ACM IS FOUND	OR NONFRIABLE ACM BECOMES
		O A POWDER OR SMALL PIEC	
	notify competent persor		<b>520.</b>
	The state of the s		
*Will MDEQ be notified	of any significant change	ges? ( X )Yes ( )No	
	, ,		
XIX. IF DEMOLITION	ORDERED BY A GOVE	RNMENT AGENCY, IDENTIFY	THE AGENCY BELOW:
Name:		Title:	Authority:
Date of Order:		Date Demolition to Begin: /	1
XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: / / , Time:			
Description of the sudden, unexpected event:			
		2.9	
Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial			
burden:			
XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40			
CFR 61 Subpart M) will be on site 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. I certify that all			
		valiable for inspection during i	normal business nours. I certify that all
of the above informat	uon is correct.	PA .	
Chuck Momanle COO		CV	44/00/46
Chuck Womack, COO Type or Print Name &	Titlo	Signatura	11/29/16
Type of Fillit Name &	TIUC	Signature	Date

MAIL TO:

Office of Pollution Control

P.O. Box 2261

Jackson, MS 39225 (601) 961-5171

Physical Address 515 Amite Street Jackson, MS 39201