

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

RECEIVED
JAN 28 2017
 Dept. of Environmental Quality

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) University of Mississippi				
Bldg. Name: Jackson Ave Center Swing Space				
Address 1111 Jackson Ave				
City: University	State: MS	Zip: 38677		
Site Location: Bay 02, 05 & 06 Stock Rooms		Tel: 662-915-6767		
Building Size: unknown	# of Floors: unknown	Age in Years: 50+/-		
Present Use: Storage Space	Prior Use: Unknown			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: University of Mississippi				
Address: 700 Hathorn Rd				
City: University	State: MS	Zip: 38677		
Contact: Kelly Roeder		Tel: 662-915-6767		
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.				
Address: 5280 Elmore Rd				
City: Memphis	State: TN	Zip: 38134		
Contact: Dwight Grayson		Tel: 901-507-1203		
OTHER OPERATOR: Murphy & Sons, Inc.				
Address: P.O. Box 492				
City: Southaven	State: MS	Zip: 38671		
Contact: Clayton Rhea				
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):				
Bulk sampling using PLM methods ERG Environmental 11/22/2016				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area VAT/mastic	2250			Sq Ft Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/1/2017		Complete: 2/10/2017		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/1/2017		Complete: 2/10/2017		

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

Hand tools + wet methods

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

Removal of vat/mastic using hand tools & wet methods

XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services inc.

Address: 5280 Elmore Rd

City: Memphis

State: TN

Zip: 38134

Contact Person: Dwight Grayson

Tel: 901-507-1203

WASTE TRANSPORTER #2

Name: Frac-N-Vac

Address: 767 Del Tin Hwy

City: El Dorado

State: AR

Zip: 71730

Contact Person: Carlton Gibson

Tel: 870-862-1602

XIII. WASTE DISPOSAL SITE

Name: Waste Mgmt The Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville

State: MS

Zip:

Tel: 901-331-7187

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: n/a

Title:

Authority: n/a

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: n/a

Date and Hour of Emergency (MM/DD/YY): n/a

Description of the sudden unexpected event: n/a

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

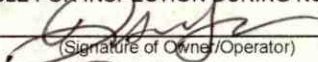
n/a

XVI. 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:

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.

Dwight Grayson

Type or Print Name


(Signature of Owner/Operator)

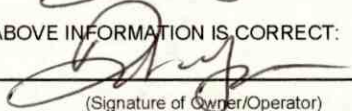
01/18/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name


(Signature of Owner/Operator)

01/18/2017

(Date)