

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Univ. of MS - Union Additions & Renovations				
Bldg. Name: Union Bldg				
Address 218 Student Union Dr				
City: Oxford	State: MS	Zip: 38677		
Site Location:		Tel: 662-915-7200		
Building Size unknown	# of Floors: 3	Age in Years: 50+		
Present Use: Classroom Bldg	Prior Use: Classroom Bldg			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: University of Mississippi				
Address: P. O. Box 1848				
City: Oxford	State: MS	Zip: 38677		
Contact: Larry Sparks		Tel: 662-915-7200		
REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction				
Address: 1450 Old Brandon Rd				
City: Flowood	State: MS	Zip: 39232		
Contact: Chuck Womack		Tel: 601-940-5411		
OTHER OPERATOR: Abbey Bridges Construction Co., LLC				
Address: P. O. Box 676				
City: Batesville	State: MS	Zip: 38606		
Contact: Abbey Bridges 662-563-5621				
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):				
CEI Labs		Ron Robinson ABI-1499	6/26/14	
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	
Pipes				Ln Ft: Ln M:
Surface Area		4,500 FT/M		Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/15/17 Complete: 2/22/17				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/30/15 Complete: 11/30/17				

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FEB - 2 2017

Dept. of Environmental Quality

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

Removal of asbestos containing materials with hand tools

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

Stop work and notify competent person

XII. WASTE TRANSPORTER #1

Name: Waste Connections of MS, Inc.

Address: P. O. Box 96

City: Walnut

State: MS

Zip: 38683-0096

Contact Person: Amanda Satterfield

Tel: 662-760-3944

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Three Rivers Regional Landfill

Address: 1904 Pontotoc Parkway West

City: Pontotoc

State: MS

Zip: 38863

Tel: 662-488-0444

XIV. 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):

XV. 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:

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.

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

2/2/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

2/2/17

(Date)