

# 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) <b>Original</b>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Renovation</b>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>UMMC School of Medicine</b>							
Bldg. Name: <b>Learning Resources Building</b>							
Address <b>2500 North State Street</b>							
City: <b>Jackson</b>			State: <b>MS</b>		Zip: <b>39216</b>		
Site Location: <b>2500 N. State Street</b>						Tel:	
Building Size: <b>~ 5,000 sq/ft</b>			# of Floors: <b>1</b>		Age in Years: <b>30</b>		
Present Use: <b>Commercial</b>			Prior Use: <b>Commercial</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <b>Bureau of Building, Grounds, and Real Property Mangement</b>							
Address: <b>501 North West Street, Woolfolk Building, Suite 1300</b>							
City: <b>Jackson</b>			State: <b>MS</b>		Zip: <b>39201</b>		
Contact: <b>Glenn Kornbrek</b>			Tel: <b>601-359-3402</b>				
REMOVAL CONTRACTOR <b>M &amp; M Services, Inc.</b>							
Address: <b>Post Office Box 68431</b>							
City: <b>Jackson</b>			State: <b>MS</b>		Zip: <b>39286</b>		
Contact: <b>Dale McGuffie</b>			Tel: <b>601-982-8695</b>				
OTHER OPERATOR: <b>N/A</b>							
Address: <b>N/A</b>							
City: <b>N/A</b>			State: <b>N/A</b>		Zip: <b>N/A</b>		
Contact: <b>N/A</b>							
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>US EPA 600, W. Hol Moore, ABI - 00002284, 8/11/16</b>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed				RACM To Be Removed  Category I      Category II		UNIT	
Pipes						Ln Ft:	Ln M:
Surface Area <b>12" x 12" FT/m 2,200</b>						Sq Ft: <b>2,200</b>	Sq M:
Vol RACM Off Facility Component						Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>April 01, 2017</b>						Complete: <b>May 15, 2017</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>April 01, 2017</b>						Complete: <b>December 2017</b>	

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 MAR 27 2017  
 Dept. of Environmental Quality

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

*second floor renovations*

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

*Containment, Wet Method, Negative Air, Double bagging, Glove bagging*

XII. WASTE TRANSPORTER #1

Name: M & M Services, Inc.

Address: Post Office Box 68431

City: Jackson

State: MS

Zip: 39286

Contact Person: Dale McGuffie

Tel: 601-982-8695

WASTE TRANSPORTER #2 *N/A*

Name: *N/A*

Address: *N/A*

City: *N/A*

State: *N/A*

Zip: *N/A*

Contact Person: *N/A*

Tel: *N/A*

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N. County Line Road

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-9488

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

Name: *N/A*

Title: *N/A*

Authority: *N/A*

Date of Order (MM/DD/YY): *N/A*

Date Ordered to Begin (MM/DD/YY): *N/A*

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:

*stop work and notify MDEQ immediately*

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.

Dale McGuffie

Type or Print Name

(Signature of Owner/Operator)

March 21, 2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale McGuffie

Type or Print Name

(Signature of Owner/Operator)

March 21, 2017

(Date)