

# 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>O</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Edna Horton Building (Mississippi Valley State University)					
Address 14000 US-82					
City: Itta Bena	State: MS	Zip: 38941			
Site Location: Throughout entire building		Tel: 662-254-3347			
Building Size 60,000	# of Floors: 5	Age in Years: +/-50			
Present Use: School	Prior Use: School				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Mississippi Valley State University					
Address: 14000 US-82					
City: Itta Bena	State: MS	Zip: 38941			
Contact:		Tel: 662-254-3347			
REMOVAL CONTRACTOR Gulf Services Contracting, Inc.					
Address: 5000 Rangeline Road					
City: Mobile	State: AL	Zip: 36619			
Contact: Sean Brandon		Tel: 251-443-8161			
OTHER OPERATOR: N/A					
Address:					
City:	State:	Zip:			
Contact:					
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): Ron Robinson - ABI-00001499 - May 20, 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	300 LF	See Below *		LnFt:	Ln M:
Surface Area Ceiling Text/wall paint	146,000 SF	See Below **		SqFt:	Sq M:
Vol RACM Off Facility Component		VCT/ Mastic 1,150 SF		CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/26/2017				Complete: 10/31/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 06/26/2017				Complete: 10/31/2017	

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Dept. of Environmental Quality

\* Nonfriable Asbestos Material to be Removed: Category I: Exterior Wall Mastic 3,000 SF  
 \*\* Nonfriable Asbestos Material to be Removed: Category I: Window Caulk 90 each windows

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Extensive Asbestos Abatement & Selective demolition throughout building to accommodate the renovation work.

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

Negative pressure enclosures, along with wet methods, and intact component removal.

XII. WASTE TRANSPORTER #1

Name: RES

Address: P.O. Box 598

City: Ripley

State: MS

Zip: 38663

Contact Person: Shea Mask

Tel: 1-888-839-2830

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: LeFlore County Landfill

Address: 15200 Highway 49 South

City: Sidon

State: MS

Zip: 38954

Tel: 662-455-7762

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

Name: N/A

Title:

Authority:

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):

Description of the sudden unexpected event:

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work. Test materials. Notify owner and MDEQ of any changes.

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.

Sean Brandon

Type or Print Name

  
(Signature of Owner/Operator)

June 9, 2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Sean Brandon

Type or Print Name

  
(Signature of Owner/Operator)

June 9, 2017

(Date)