

**STATE OF MISSISSIPPI
DEMOLITION/RENOVATION NOTIFICATION FORM**

Revised: 2100

I. TYPE OF NOTICE: (x) Original () Revision () Canceled (x) Annual () Information Only

II. TYPE OF PROJECT: (x) Renovation () Demolition () Ordered Demolition () Emergency Renovation

III. SITE INFORMATION

Name: MSU

Description: Dorman Bldg, office

Address: Mississippi State University

City: Mississippi State

County: Oktibbeha

State: MS

Zip: 39762

Contact Person: David Canterbury

Telephone: 662-325-1865

IV. OWNER INFORMATION

Name: Mississippi State University

Full Mailing Address: PO Box 5208 Mississippi State, MS 39762

Contact Person: David Canterbury

Telephone: 662-418-1975

V. ASBESTOS REMOVAL CONTRACTOR

Name: Environmental Services, LLC

Certification No. ABC-00001330

Exp. Date: 4-18

Full Mailing Address: 253 Delk Road Hattiesburg, MS 39401

Contact Person: Joe Venus Jr.

Telephone: 601 582-2277

VI. CONTRACTOR (Other)

Name: N/A

Full Mailing Address:

Contact Person:

Telephone:

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY)

Removal Project Start: 6/26/17 Removal Project Stop: 6/26/17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY)

Project Start: /N/A/ Project Stop: / / Prep. Date: / /

IX. BUILDING INFORMATION

Bldg. Size (SQ FT) 20,000 Bldg. Size (LN FT):

No. of Floors 1 Age in Years: over 30

Present Use: Office Prior Use:

X. ASBESTOS INSPECTION :

Was site inspected to determine presence of asbestos? (x) yes () no

Inspection Date: assumed Asbestos Present? (x) yes () no

Inspector Joe venus Cert. No.: Exp. Date:

Identify suspect materials sampled: Floor tile

Laboratory Analysis: TEM - PLM Other x

Name of Laboratory: assumed

XI. QUANTITY OF RACM TO BE REMOVED:

Pipes (LN FT) Surface Area: 500 (SQ FT)

Volume of Facility Components (CU FT)

XII. QUANTITY OF NONFRIABLE ASBESTOS

NOT REMOVED X TO BE REMOVED

Category I: / SF Category II: / SF

XIII. WASTE TRANSPORTER:

Name: Waste Managment

Full Mailing Address: P.O. Box 801 Columbus, MS 39703

Contact Person: Theresa Bell

Telephone: 662-328-5528

RECEIVED
JUN 26 2017
Dept. of Environmental Quality

**STATE OF MISSISSIPPI
DEMOLITION/RENOVATION FORM -CONTINUED**

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: Robo Landfill

Physical Location: Rt. 1 Box 33A, Scubba, MS 39358

Full Mailing Address :

Contact Person: Roland

Telephone: 662- 793-4795

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):

Name: --N/A.

Physical Location:

Full Mailing Address:

Contact Person:

Telephone:

* All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill

XVI. REMOVAL/DEMOLITION PROCEDURES TO BE USED (Check all that apply):

- | | | | |
|-------------------|--------------------|-------------------------|---------------------|
| --Strip & Removal | -x-Double Bagging | --Mechanical Chipping | --Component Removal |
| --Wrecking Ball | --Gross Demolition | -x- Remove Intact | --Bulldozer |
| --Containment | --Glove Bag | --Explode | --Negative Air |
| -x-Wet Method | --Roofing Saw | --Other- Explain Below: | |

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK

Remove ACM Floor tile using wet method;

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:

Stop work call MDEQ

Will MDEQ be notified of any significant changes? ☒ yes ☐ no

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

Name: N/A Title:

Authority:

Date of Order: _____ Date Demolition to Begin: I I

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: 6/23/17 Time: 2:00

Description of the sudden, unexpected event: pull up tile with carpet.

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden: Getting ready for classes and disturbed asbestos flooring

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 of the above information is correct

Type or Print Name and Title: Joe Venus. Signature:  Date 6/23/17

MAIL TO: Office of Pollution Control
515 Amite Street
Jackson, MS 39201
(601) 961-5171

OR P.O. Box 2261
Jackson, MS. 39225