

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) E			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) E			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: Hawthorn Hall - MSU			
Address 76 Magruder St.			
City: Starkville	State: MS	Zip: 39762	
Site Location: Starkville		Tel: 662-325-2187	
Building Size	# of Floors: 7	Age in Years: 25+	
Present Use: Residence Hall		Prior Use: Residence Hall	
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Mississippi State University			
Address: Post Office Box 5307			
City: Mississippi State	State: MS	Zip: 39762	
Contact: Jimmy Foster		Tel:	
REMOVAL CONTRACTOR M and M Services, Inc.			
Address: Post Office Box 68431			
City: Jackson	State: MS	Zip: 39286	
Contact: Dale McGuffie		Tel: 601-982-8695	
OTHER OPERATOR: N/A			
Address: N/A			
City: N/A	State: N/A	Zip: N/A	
Contact: N/A			
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):			
PLM, W. Hal Moore (ABI-00002284), Don Cooley (ABI-00001363)			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed	
		Indicate Unit of Measurement Below	
		UNIT	
Pipes			
Surface Area ceiling texture	400	5100	
Vol RACM Off Facility Component			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/17/2017		Complete: 9/15/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/17/2017		Complete: 9/15/2017	

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JUL 19 2017
Dept. of Environmental Quality

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

remove ceiling texture , floor tile, mastic and repaint

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

Each floor will be contained in plastic and put under negative pressure to prevent exposure outside the work area.
Workers will don proper protective clothing and respiratory protection.

XII. WASTE TRANSPORTER #1 M and M Services, Inc.

Name: M and 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: Robo Asbestos Landfill

Address: 6447 Wahalak Road

City: Scooba

State: MS

Zip: 39358

Tel: 800-248-2990

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

cease operations and notify MDEQ.

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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)