

# 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) <b>Cook Union</b>				
Bldg. Name: <b>Cook Union</b>				
Address <b>USM campus</b>				
City: <b>Hattiesburg</b>	State: <b>MS</b>	Zip: <b>39406</b>		
Site Location: <b>Cook Union</b>		Tel: <b>601</b>		
Building Size <b>30,000 sf</b>	# of Floors: <b>3</b>	Age in Years: <b>&gt;20</b>		
Present Use: <b>Union</b>	Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>University of Southern Miss</b>				
Address: <b>118 College Drive</b>				
City: <b>Hattiesburg</b>	State: <b>MS</b>	Zip: <b>39406</b>		
Contact: <b>Clint Atkins</b>	Tel: <b>601 297 4600</b>			
REMOVAL CONTRACTOR <b>Environmental Services LLC</b>				
Address: <b>253 Delk Road</b>				
City: <b>Hattiesburg</b>	State: <b>MS</b>	Zip: <b>39401</b>		
Contact: <b>Joe Venus</b>	Tel: <b>601 408 1005</b>			
OTHER OPERATOR: <b>N/A</b>				
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): <b>Remove tile using wet method</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	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		Category I	Category II	UNIT
Pipes				Ln Ft:      Ln M:
Surface Area				Sq Ft:      Sq M:
Vol RACM Off Facility Component	<b>600 sf</b>			Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		<b>7/25/17</b>		Complete: <b>7/25/17</b>
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		<b>N/A</b>		Complete:

**RECEIVED**  
**JUL 20 2017**  
Dept. of Environmental Quality

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

N/A

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

N/A

XII. WASTE TRANSPORTER #1

Enviro

Name: Enviro

Address: Nehi Cir

City: Ellisville

State: MS

Zip: 39441

Contact Person: John

Tel: 601 477 8668

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional Waste authority

Address: 5274 S Hwy 29

City: Overt

State: MS

Zip:

Tel: 601-545 6676

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:

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:

Stop work call DEQ

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.

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

7/14/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

7/14/17

(Date)