

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) O							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Cook Union							
Bldg. Name: Simrall Hall							
Address MSU Campus							
City: Mississippi State				State: MS		Zip: 39762	
Site Location: Rm 415				Tel: 601			
Building Size 30,000 sf				# of Floors: 4		Age in Years: >20	
Present Use: Classrooms				Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Miss State University							
Address: PO Box 5208							
City: Miss State				State: MS		Zip: 39762	
Contact: David Canturberry				Tel: 662 325 8662			
REMOVAL CONTRACTOR Environmental Services LLC							
Address: 253 Delk Road							
City: Hattiesburg				State: MS		Zip: 39401	
Contact: Joe Venus				Tel: 601 408 1005			
OTHER OPERATOR: N/A							
Address:							
City:				State:		Zip:	
Contact:							
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): Remove tile mastic using wet method							
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					LnFt:	Ln M:	
Surface Area					SqFt:	Sq M:	
Vol RACM Off Facility Component		600 sf			CuFt:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/9/17				Complete: 9/9/17			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A				Complete:			

RECEIVED
SEP - 6 - 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: Nihi Road

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: Robo Landfill

Address: 6447 Wahalak road

City: Scubba

State: MS

Zip: 39358

Tel: 662 248 2990

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)

8/27/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

8/27/17

(Date)