

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)			<div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div>
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)			<div style="color: red; font-weight: bold;">R SEP 21 2017</div>
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name:		Delta State University, Young Mauldin Hall	
Address		200 Washington Street	
City:	Cleveland	State:	MS
Zip:	38733	Tel:	668-846-4596
Site Location:	200 Washington Street, Cleveland, MS		
Building Size	~10000	# of Floors:	1
Age in Years:	25+		
Present Use:	Commercial	Prior Use:	Commercial
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Department of Finance and Administration, Bureau of Buildings, Grounds and Real Property Management			
Address: 550 High Street #1501			
City:	Jackson	State:	MS
Zip:	39201	Tel:	
Contact:			
REMOVAL CONTRACTOR: M and M Services, Inc.			
Address: Post Office Box 68431			
City:	Jackson	State:	MS
Zip:	39286	Tel:	601-982-8695
Contact: Dale McGuffie			
OTHER OPERATOR: N/A			
Address: N/A			
City:	N/A	State:	N/A
Zip:	N/A	Tel:	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):			
Willie Nester, 5/5/15			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 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
		Category I	Category II
Pipes	2500		Ln Ft: X Ln M:
Surface Area	100		Sq Ft: X Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		9/25/17	Complete: 12/31/17
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		09/25/17	Complete: 12/31/17

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

renovation of the cafeteria

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

Abatement areas will be put in containment and under negative pressure to prevent emission of ACM

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:

Big River Landfill

Address:

52 Landfill Road

City:

Leland

State:

MS

Zip:

662-332-7927

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 CRUMBLED, 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.

Dale McGuffie, President

Type or Print Name

(Signature of Owner/Operator)

8/31/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale McGuffie, President

Type or Print Name

(Signature of Owner/Operator)

8/31/2017

(Date)