

# 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) <u>O</u>   |   |  |                                |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>Renovation / interior Demo</u>   |   |  |                                |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <u>Green Hall 3 story</u>   |   |  |                                |
| Bldg. Name: <u>Green Hall</u>  |   |  |                                |
| Address: <u>(Hattiesburg Campus)</u>   |   |  |                                |
| City: <u>Hattiesburg</u>   | State: <u>MS</u>                        | Zip: <u>39401</u>                              |                                |
| Site Location: <u>Hattiesburg Campus</u>   |   | Tel:   |                                |
| Building Size: <u>over 5000 sq ft</u>  | # of Floors: <u>3</u>                   | Age in Years: <u>over 30</u>                   |                                |
| Present Use: <u>Vacant</u>   | Prior Use: <u>Class rooms / offices</u> |  |                                |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)  |   |  |                                |
| OWNER NAME: <u>University of Southern MS</u>   |   |  |                                |
| Address: <u>118 College Dr</u>   |   |  |                                |
| City: <u>Hattiesburg</u>   | State: <u>MS</u>                        | Zip: <u>39401</u>                              |                                |
| Contact:   |   | Tel:   |                                |
| REMOVAL CONTRACTOR: <u>Abatement Contractors of MS (Asbestos)</u>  |   |  |                                |
| Address: <u>761 Weathersby Rd</u>  |   |  |                                |
| City: <u>Hattiesburg</u>   | State: <u>MS</u>                        | Zip: <u>39402</u>                              |                                |
| Contact: <u>Charles Anderson</u>   | Tel: <u>601 270 8179</u>                |  |                                |
| OTHER OPERATOR: <u>B.W. Sullivan Contractors (Prime / Demo)</u>  |   |  |                                |
| Address: <u>4451 US 49</u>   |   |  |                                |
| City: <u>Hattiesburg</u>   | State: <u>MS</u>                        | Zip: <u>39401</u>                              |                                |
| Contact: <u>Scott Humphreys</u>  |   | Tel:   |                                |
| V. IS ASBESTOS PRESENT? (Yes/No) <u>yes</u>  |   |  |                                |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL<br>(Include inspector name and date of inspection):<br><u>Tested By Joey Venus * more testing being performed due to missed areas</u> |   |  |                                |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:   |   | Nonfriable Asbestos Material Not To Be Removed |                                |
| 1. Regulated ACM to be Removed   |   | Indicate Unit of Measurement Below             |                                |
| 2. Category I ACM Not Removed  |   | Category I                                     | Category II                    |
| 3. Category II ACM Not Removed   |   | UNIT   |                                |
| Pipes  | ↓                                       | Ln Ft:   | Ln M:                          |
| Surface Area   |   | Sq Ft:   | Sq M:                          |
| Vol RACM Off Facility Component  |   | Cu Ft:   | Cu M:                          |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>12-5-17</u>  |   | Complete: <u>3-15-18</u>                       |                                |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:  |   | Complete:                                      |                                |

Approx 650 L/f Exterior Door caulking

Approx 1575 sq ft tile / mastic to be removed

\* this will need to be revised more tile was discovered

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

Interior Gut (B.W.) Tie/Mastic Removal (AcM)

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

Partial Containment per floor / wet method

XII. WASTE TRANSPORTER #1

AcM Inc (Removal Contractor)

Name:

Address: 761 Weathersby Rd

City: Matticusburg

State: MS

Zip: 39402

Contact Person: Charles Anderson

Tel: 601 270 8179

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Waste Management

Name: McNeill Landfill (Central)

Address:

City: McNeill

State: MS

Zip:

Tel:

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

Name:

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 notify Owner, contractor, Ad 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.

Charles Anderson

(Signature of Owner/Operator)

11-21-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles Anderson

(Signature of Owner/Operator)

11-21-17

(Date)