

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) Original <i>Revision #1 (R1) Revision #2</i>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation <i>Revision #3 (R3)</i>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Shoemaker Hall Lab Renovation UM							
Bldg. Name: University of Mississippi - Shoemaker Hall Lab Renovation 209 & 326							
Address 30 University Ave							
City: University				State: MS		Zip: 38677	
Site Location: Labs 209 & 326				Tel:			
Building Size: unknown				# of Floors: unknown		Age in Years: 50+/-	
Present Use: Classroom Building				Prior Use: Classroom Building			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) Owner							
OWNER NAME: MS Bureau of Building Grounds and real Property Management							
Address: 501 North West Street							
City: Jackson				State: MS		Zip: 39201	
Contact: Russ Shows				Tel: 662-816-2711			
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.							
Address: 5280 Elmore Rd							
City: Memphis				State: TN		Zip: 38134	
Contact: Dwight Grayson				Tel: 901-507-1203			
OTHER OPERATOR: DCS Construction Management							
Address: P.O. Box 2293							
City: Oxford				State: MS		Zip: 38655	
Contact: 662-816-2711 Russ Shows							
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):							
Bulk sampling/PLM Methods (assumed positive/prior lab surveys/same building)							
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		
<i>Sinks/Lab Table Tops</i>		5 ea/1500 sqft			Ln Ft:	Ln M:	
Surface Area VAT/Mastic		2100 sqft ea			Sq Ft:	Sq M:	
Vol RACM Off Facility Component		1 Transite Flue			Cu Ft:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>1/5/17</i> 1/8/18 1/11/18 Complete: <i>1/19/18</i>							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>1/5/17</i> 1/8/18 1/11/18 Complete: <i>1/19/18</i>							

R1P
R1
R2
R3

1/15/18
1/15/18

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

wet methods, hand tools, chemical stripper, remove as intact as possible

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

wet methods, hand tools, chemical stripper, negative pressure, double bag/wrap waste, hepa vac

XII. WASTE TRANSPORTER #1 Specialty Abatement Services Inc.

Name: Specialty Abatement Services Inc.

Address: 5280 Elmore Rd

City: Memphis

State: TN

Zip: 38134

Contact Person: Dwight Grayson

Tel: 901-507-1203

WASTE TRANSPORTER #2 Waste Management Memphis

Name: Waste Management Memphis

Address: Hatcher Circle

City: Memphis

State: TN

Zip:

Contact Person: Carlton Gibson

Tel: 9013317187

XIII. WASTE DISPOSAL SITE WM The Tunica Landfill

Name: The Tunica Landfill

Address: 6035 Bowdre Rd

City: Robinsonville

State: MS

Zip:

Tel: Carlton Gibson 901-331-7187

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

Name: n/a

Title:

Authority: n/a

Date of Order (MM/DD/YY): n/a

Date Ordered to Begin (MM/DD/YY):

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:

All work will cease, workers will be removed from site, MDEQ will be called for an inspection

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.

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

12/20/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dwight Grayson

Type or Print Name

(Signature of Owner/Operator)

12/20/17

(Date)