

# 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) <input type="radio"/>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input checked="" type="radio"/>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Delta Sands Dorm (Mississippi Valley State University)							
Address 14000 US-82							
City: Itta Bena		State: MS		Zip: 38941			
Site Location: Bathrooms in Dorm Rooms				Tel: 662-254-3347			
Building Size 60,000		# of Floors: 2		Age in Years: +/-50			
Present Use: Dormitory		Prior Use: Dormitory					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Mississippi Valley State University							
Address: 14000 US-82							
City: Itta Bena		State: MS		Zip: 38941			
Contact:				Tel: 662-254-3347			
REMOVAL CONTRACTOR Gulf Services Contracting, Inc.							
Address: 5000 Rangeline Road							
City: Mobile		State: AL		Zip: 36619			
Contact: Jonathan Valle				Tel: 251-443-8161			
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): Bulk Sample, PLM Analysis Chris Pearson, ABI-00002023, 02/24/17							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			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			RACM To Be Removed  Category I      Category II		UNIT		
Pipes					Ln Ft:		Ln M:
Surface Area Ceiling Text			2,160 SF		Sq Ft:		Sq M:
Vol RACM Off Facility Component					Cu Ft:		Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/20/2018						Complete: 03/02/2018	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02/12/2018						Complete: 07/31/2018	

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Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Extensive Asbestos Abatement & Selective demolition throughout building to accommodate the renovation work.		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Negative pressure enclosures, along with wet methods, and intact component removal.		
XII. WASTE TRANSPORTER #1		
Name: RES		
Address: P.O. Box 598		
City: Ripley	State: MS	Zip: 38663
Contact Person: Shea Mask		Tel: 1-888-839-2830
WASTE TRANSPORTER #2		
Name: N/A		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: LeFlore County Landfill		
Address: 15200 Highway 49 South		
City: Sidon	State: MS	Zip: 38954
Tel: 662-455-7762		
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: N/A		
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: 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: Stop work. Test materials. Notify owner and MDEQ of any changes.		
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. <div style="display: flex; justify-content: space-between;"> <div>           Jonathan Valle            _____            Type or Print Name                      (Signature of Owner/Operator)         </div> <div>           February 6, 2018            _____            (Date)         </div> </div>		
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: <div style="display: flex; justify-content: space-between;"> <div>           Jonathan Valle            _____            Type or Print Name                      (Signature of Owner/Operator)         </div> <div>           February 6, 2018            _____            (Date)         </div> </div>		