

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)																												
<p>I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) OR</p> <p>II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R</p> <p>III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Office</p>																															
<p>Bldg. Name: Carpenter Hall</p> <p>Address: MS State University</p> <p>City: MS State State: MS Zip: 39762</p> <p>Site Location: same Tel: 662 325 8662</p> <p>Building Size: 30,000 sf # of Floors: 3 Age in Years: >20</p> <p>Present Use: Classrooms Prior Use:</p>																															
<p>IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)</p> <p>OWNER NAME: Miss State University</p> <p>Address: PO box 5208</p> <p>City: Mississippi State State: MS Zip: 39762</p> <p>Contact: Stoney Goudie Tel: 601 408 6515</p> <p>REMOVAL CONTRACTOR Environmental Services LLC</p> <p>Address: 253 Delk Road</p> <p>City: Hattiesburg State: MS Zip: 39401</p> <p>Contact: Joe Venus Tel: 601 408 1005</p> <p>OTHER OPERATOR: N/A</p> <p>Address:</p> <p>City: State: Zip:</p> <p>Contact:</p>																															
<p>V. IS ASBESTOS PRESENT? (Yes/No) Yes</p> <p>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):</p> <p>Remove tile flooring mastic using wet method</p>																															
<p>VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</p> <table border="1"> <thead> <tr> <th rowspan="2">1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed</th> <th rowspan="2">RACM To Be Removed</th> <th colspan="2">Nonfriable Asbestos Material Not To Be Removed</th> <th colspan="2">Indicate Unit of Measurement Below</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th colspan="2">UNIT</th> </tr> </thead> <tbody> <tr> <td>Pipes</td> <td></td> <td></td> <td></td> <td>LnFt:</td> <td>Ln M:</td> </tr> <tr> <td>Surface Area</td> <td>650</td> <td></td> <td></td> <td>SqFt: 650</td> <td>Sq M:</td> </tr> <tr> <td>Vol RACM Off Facility Component</td> <td>700</td> <td></td> <td></td> <td>CuFt: 4 yds</td> <td>Cu M:</td> </tr> </tbody> </table>				1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		Category I	Category II	UNIT		Pipes				LnFt:	Ln M:	Surface Area	650			SqFt: 650	Sq M:	Vol RACM Off Facility Component	700			CuFt: 4 yds	Cu M:
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<p>VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/10/18 2/16/18 Complete: 2/10/18 2/17/18</p>																															
<p>IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete:</p>																															

RECEIVED
FEB 16 2018
Dept. of Environmental Quality

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

replace flooring

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

Remove materials using hand scrapers and water with wet method

XII. WASTE TRANSPORTER #1

Waste Pro

Name: Waste Pro

Address: 1600 12th Ave South

City: Columbus

State: MS

Zip: 39441

Contact Person: N/A

Tel: 662 328 5528

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Robo Landfill

Address: 6447 Wahalak Rd

City: Scooba

State: MS

Zip: 39358

Tel: 662 793 4795

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)

2/2/18 2/13/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

2/2/18 2/13/18

(Date)