

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

**Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark 3/12/18	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>R</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>Aiken Village / Child Daycare (Building 20)</b>				
Address <b>20 Wallace Circle</b>				
City: <b>Starkville</b>	State: <b>MS</b>	Zip: <b>39759</b>		
Site Location: <b>3000sf</b>		Tel:		
Building Size	# of Floors: <b>1</b>	Age in Years: <b>40</b>		
Present Use: <b>Abandoned</b>	Prior Use: <b>Preschool</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>Mississippi State University</b>				
Address: <b>130 Twelve Ln.</b>				
City: <b>Starkville</b>	State: <b>MS</b>	Zip: <b>39762</b>		
Contact: <b>Christine Lashley</b>		Tel: <b>662-325-5830</b>		
REMOVAL CONTRACTOR <b>AIR Environmental</b>				
Address: <b>3404 Camellia Circle</b>				
City: <b>Columbus</b>	State: <b>MS</b>	Zip: <b>39705</b>		
Contact: <b>Ed Lesniak</b>		Tel: <b>662-242-5387</b>		
OTHER OPERATOR: <b>Cadamy Contracting, LLC</b>				
Address: <b>3640 Hurns Crossing Rd.</b>				
City: <b>Tremont</b>	State: <b>MS</b>	Zip: <b>38876</b>		
Contact: <b>Roger Morrow / 662-652-4188</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>Sam Robinson Inspection date October 25-27, 2011 / PLM</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
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  UNIT
		Category I	Category II	
Pipes	15	X		Ln Ft: <b>X</b> Ln M:
Surface Area <b>Ceiling Texture</b>	3,200	X		Sq Ft: <b>X</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3-21-18</b>		Complete: <b>3-30-18</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>4-2-18</b>		Complete: <b>4-6-18</b>		

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

**Demo building using track-hoe, skid steer, dump trucks, apply water to inhibit dust**

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

Establish regulated area, engineering controls using wet methods, criticles, D-con, NAMs, barricade tape, warning signs

XII. WASTE TRANSPORTER #1 **Go Box, LLC**

Name: **Go Box, LLC**

Address: **100 Rosecrest Lane Columbus, MS 39701**

City: **Columbus**

State: **MS**

Zip: **39701**

Contact Person: **Rob Graham**

Tel: **662-574-4413**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE **ROBO Landfill**

Name: **Roland Edmunds**

Address: **6447 Wahalak Rd.**

City: **Scooba**

State: **MS**

Zip: **39358**

Tel: **662-361-0300**

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, regulate area, implement engineering controls, abate using wet methods**

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.

*Roger Morrow*  
Type or Print Name

*[Signature]*  
(Signature of Owner/Operator)

*3/19/18*  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

*Roger Morrow*  
Type or Print Name

*[Signature]*  
(Signature of Owner/Operator)

*3/19/18*  
(Date)