36775 MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

 Mail notification to: 	MDEQ Asbestos S	Section, 515	5 E. Amite Street	t, Jackson, MS 39	201 RF	CEN/ED		
Operator Project #	Postmark		Date Received	(MDEQ use only)	Notification #	(MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual)								
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R Dept. of Environmental Quality III. FACILITY DESCRIPTION (Include building name, number and floor or room number)								
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Cook Union								
Bldg. Name.Cook Union								
Address USM Campus	S							
city: Hattiesburg		State: MS		Zip: 39406				
Site Location: Cook Union				Tel:				
Building Size 30,000		# of Floors:3		Age in Years: OVET 20				
Present Use Student Union		Prior Use):					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)								
OWNER NAME: Univeersituy of Southern Miss								
Address: 118 College Drive								
city:Hattiesburg	, radiood.		S	Zip:39406				
Contact: Dewitt				Tel: 662 479 2780				
REMOVAL CONTRACTOR ENVIR	onmental Serv	ies LLC	,					
Address: 253 Delk Road								
city:Hattiesburg		State: MS		zip:39401				
contact: Joe Venus				Tel:601 408 1005				
OTHER OPERATOR:								
Address:								
City:		State:		Zip:				
Contact:								
V. IS ASBESTOS PRESENT? (Yes/	_{No)} yes							
VI. PROCEDURE, INCLUDING ANA (Include inspector name and date of		PPROPRIA	re, used to dete	ECT THE PRESENCE	OF ASBESTOS	MATERIAL		
Pickering Enviro did the i	inspection for floo	or tiles a	nd mastic					
VII. APPROXIMATE AMOUNT OF A INCLUDING:	SBESTOS	As Mat		riable	Indicate Unit of Measurement Below			
	RA			ial Not emoved				
 Regulated ACM to be Rem Category I ACM Not Rem Category II ACM Not Rem 	oved To ved Rem	o Be moved	10 00 11	Cinova	UNIT			
		0.011/2017/2020	Category I	Category II				
					. =:	T		
Pipes					LnFt:	Ln M:		
Surface Area	2	000			SqFt: CuFt: ^{SF}	Sq M:		
Vol RACM Off Facility Component			11/18		Complete: 5/1	3/18		
VIII. SCHEDULED DATES ASBEST						0/10		
IX SCHEDULED DATES DEMO/RE	NOVATION (MM/DD/YY)	Start W/			Complete:			

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal asbestops flooring using wet method								
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:								
Contain and seal regulated area and remove using wet method								
XII. WASTE TRANSPORTER #1								
Name: Environmental Services								
Address: 253 Delk Road								
city: Hattiesburg	State: MS		zip:39401					
Contact Person: Joe Venus			Tel: 601 582 2277					
WASTE TRANSPORTER #2								
Name:								
Address:								
City:	State:		Zip:					
Contact Person:			Tel:					
XIII. WASTE DISPOSAL SITE								
Name: PBRWA								
Address: 5274 Hwy 29 S								
city: Ovett	State: MS		Zip:					
Tel: 601 544 6676								
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: School is reading to start and needs materials to be repmoved so they can replace it								
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS 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. Type of Print Name (Signature of Owner/Operator)								
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Type or Print Name (Signature of Owner/Operator) (Date)								