

37466

## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

RECEIVED

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>			<b>MAY 04 2018</b>	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Ms. State University - Critz Hall</b>				
Bldg. Name:				
Address: <b>685 Barr Ave.</b>				
City: <b>starkville</b>	State: <b>ms</b>	Zip:		
Site Location: <b>campus</b>	Tel: <b>662-325-3555</b>			
Building Size: <b>20,000</b>	# of Floors: <b>3</b>	Age in Years: <b>30+</b>		
Present Use: <b>dorm</b>	Prior Use: <b>dorm</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>Ms state university</b>				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
REMOVAL CONTRACTOR: <b>pearson environmental</b>				
Address: <b>2040 fox cove east</b>				
City: <b>byram</b>	State: <b>ms</b>	Zip: <b>39272</b>		
Contact: <b>chris pearson</b>	Tel: <b>6019371186</b>			
OTHER OPERATOR: <b>Dan Walker Associates, Inc.</b>				
Address: <b>3891 Forest Hill Irene Road</b>				
City: <b>memphis</b>	State: <b>TN</b>	Zip: <b>38125</b>		
Contact: <b>Brandon Church</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>joey veenus - march 27, 2018- PLM</b>				
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	<b>floor tile</b>			Sq Ft: <b>14,000</b> Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/17/2018</b>		Complete: <b>5/30/2018</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>5/30/2018</b>		Complete: <b>8/10/2018</b>		

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

renovation of floors

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

amended water, HEPA filtration systems, 6 poly barriers and bags for disposal

## XII. WASTE TRANSPORTER #1

Name: Pearson Env.

Address: 2040 fox cove east

City: byram

State: ms

Zip: 39272

Contact Person: chris

Tel: 6019371186

## WASTE TRANSPORTER #2

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:

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:

wet material, contact 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.

chris pearson

Type or Print Name

(Signature of Owner/Operator)

5/4/2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

chris pearson

Type or Print Name

(Signature of Owner/Operator)

5/4/2018

(Date)