

# 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) <b>O</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)							
Bldg. Name: <b>The Hub Rm 109D</b>							
Address: <b>USM Campus</b>							
City: <b>Hattiesburg</b>			State: <b>ms</b>		Zip: <b>39406</b>		
Site Location: <b>same</b>			Tel:				
Building Size: <b>20,000</b>			# of Floors: <b>2</b>		Age in Years: <b>over 30</b>		
Present Use: <b>occupied</b>			Prior Use: <b>office</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <b>Universotu of Southern Miss</b>							
Address: <b>118 College Dr</b>							
City: <b>Hattiesburg</b>			State: <b>MS</b>		Zip: <b>39406</b>		
Contact: <b>Ronnie Williamson</b>			Tel: <b>601 6064881</b>				
REMOVAL CONTRACTOR <b>Environmental services</b>							
Address: <b>253 Delk Road</b>							
City: <b>Hattiesburg</b>			State: <b>MS</b>		Zip: <b>39401</b>		
Contact: <b>Joe Venus</b>			Tel: <b>601 408 1005</b>				
OTHER OPERATOR: <b>N?A</b>							
Address:							
City:			State:		Zip:		
Contact:							
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>Stop work notify DEQ</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		
			Category I	Category II	UNIT		
Pipes		2000			Ln Ft:	Ln M:	
Surface Area					Sq Ft:	Sq M:	
Vol RACM Off Facility Component					Cu Ft:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/11/18</b>				Complete: <b>5/12/18</b>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>5/13/18</b>				Complete: <b>5/20/18</b>			

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MAY - 8 2018  
Dept. of Environmental Quality

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: Enviro

Address: 15 Neih Road

City: Ellisville

State: MS

Zip: 39443

Contact Person: John

Tel: 601 477 8668

WASTE TRANSPORTER #2 N/A

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional Waste Authority

Address: 5274 Hwy 29 S

City: Overtt

State: MS

Zip: 39

Tel: 601 545 2121

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.

Type or Print Name

(Signature of Owner/Operator)

4/30/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

4/30/18

(Date)