MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201 Mail notification to: 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 III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Bldg. Name: Crosby Hall - Univ. of MS MAY 04 2018 Address 115 Northgate Square Dept. of Environmental Quality Zip: 38677 City: University State: MS Tel: 662-915-7211 Site Location: Building Size 100,000 +/-# of Floors: 10 Age in Years: 60+/-Present Use: Dormitory Prior Use: Dormitory IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: University of Mississippi Address: 700 Harthorn Road State: MS Zip: 38677 City: University Tel: 662-915-7211 Contact: REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction Address: 1450 Old Brandon Rd City: Flowood State: MS Zip: 39232 Contact: Chuck Womack Tel: 601-940-5411 OTHER OPERATOR: Upchurch Plumbing, Inc. Address: P. O. Box 8106 Zip: 38935-8106 City: Greenwood State: MS Contact: Craig Howard V. IS ASBESTOS PRESENT? (Yes/No) Y VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Lamar Gilliland VII. APPROXIMATE AMOUNT OF ASBESTOS Nonfriable

1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
		Category I	Category II	UI	NIT	
Pipes				LnFt:	Ln M:	
Surface Area			204 AC Boxes	SqFt:	Sq M:	
Vol RACM Off Facility Component				CuFt:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/21			Complete: 6/29/18			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete: 8/15/18		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of asbestos containing materials with hand tools XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:							
Stop work and notify competent person							
XII. WASTE TRANSPORTER #1							
Name: Eagle Construction							
Address: 1450 Old Brandon Rd							
_{City:} Flowood	State: MS		_{Zip:} 39232				
Contact Person:	Tel: 6		_{Tel:} 601-940-5411				
WASTE TRANSPORTER #2							
Name:							
Address:							
City:	State:		Zip:				
Contact Person:			Tel:				
XIII. WASTE DISPOSAL SITE							
Name: Little Dixie Landfill							
Address: 1716 North County Line Rd							
_{City:} Ridgeland	State: MS		_{Zip:} 39157				
Tel: 601-982-9488							
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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Stop work immediately and notify competent person							
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. Chuck Womack 5/4/18							
Type or Print Name (Signature of Owner/Operator) (Date)							
VIII. I CERTIFY THAT THE ABOVE-INFORMATION IS CORRECT: Chuck Womack 5/4/18							
	(Signature of Owner/Operator)		(Date)				