

37503

# 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)
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I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Revision **2**

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) **Renovation**

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) **Ole Miss Multiple Locations**

Bldg. Name: ~~Multiple locations - Listing attached~~ **Hume Hall III**

Address: ~~700 Hathorn Road~~ **1716 University Circle.**

City: **University** State: **MS** Zip: **38677**

Site Location: **Class and Office locations attached** Tel: **662-965-1761**

Building Size: **Varies** # of Floors: **Varies** Age in Years: **Varies**

Present Use: **Secondary Ed** Prior Use: **Secondary Ed**

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **Ole Miss Facilities**

Address: **700 Hathorn Road**

City: **University** State: **MS** Zip: **38677**

Contact: **Gary Walton** Tel: **662-965-1761**

REMOVAL CONTRACTOR: **EnviroRem**

Address: **1715 Lochearn Road**

City: **Memphis** State: **TN** Zip: **38116**

Contact: **Will Brown** Tel: **800-456-6766**

OTHER OPERATOR: **NA**

Address:

City:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No) **Yes**

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

**Bulk PLM limited renovation scope survey. Lamar Gilliam ABI-1036**

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	None	Unk	Unk	Ln Ft: X	Ln M:
Surface Area <b>Cat. I VAT/Mastic 860st.</b>	<del>See attached</del>	Unk	Unk	Sq Ft: X	Sq M:
Vol RACM Off Facility Component	None	Unk	Unk	Cu Ft: X	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: ~~6/1/18~~ **6/2/18** Complete: ~~6/1/18~~ **6/13/18**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **TBD** Complete: **TBD**

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
Flooring renovations of selected classrooms and office areas

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:  
Class II Containment, Wet Methods, Hand tools, HEPA filtration, intact removal with solvent on concrete, encap wood

XII. WASTE TRANSPORTER #1

Name: EBOX

Address: 10636 Shelton Road

City: Collierville

State: TN

Zip: 38017

Contact Person: Norman Brown

Tel: 901-850-9996

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: EPLEX

Address: 10636 Shelton Road

City: Collierville

State: TN

Zip: 38017

Tel: 901-850-9996

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Authority:

Title:

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, wet and cover material. Notify EI, MDEQ, and NEC. Proceed accordingly thereafter.

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.

Will Brown

Type or Print Name

(Signature of Owner/Operator)

5/25/18

6/7/18  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Will Brown

Type or Print Name

(Signature of Owner/Operator)

5/25/18

6/7/18  
(Date)