374606

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) June 15, 2018	Notification # (MDEQ use only)

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

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

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: MISSISSIPPI STATE UNIVERSITY EXT. BUILDING

Address 52 MAFES CIR.

City: Holly Springs | State: Miss. | Zip: 38635

Site Location: Marshall County | Tel:

Building Size 24 X 36 | # of Floors: 1 | Age in Years: 52

Present Use: 2017 | Prior Use: 1965 - 2017

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

OWNER NAME: MISSISSIPPI STATE UNIVERSITY EXT. BUILDING

Address: 1595 HWY 7 NORTH

City: HOLLY SPRINGS | State: MISS. | Zip: 38635

Contact: JASON SMITH | Tel: 334-549-2227

REMOVAL CONTRACTOR LEROY JONES (Jones & Associate)

Address: 533 MARTIN LUTHER KING JR. DR.

City: HOLLY SPRINGS | State: MISS. | Zip: 38635 (252-9256)

Contact: LEROY JONES | Tel: 662-252-9277

OTHER OPERATOR: NONE

Address:

City: | State: | Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No)

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Dr. Martian 5/31/2018

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			LnFt:	Ln M:
Surface Area	~~None~~ Floor			SqFt: 864	Sq M:
Vol RACM Off Facility Component		25		CuFt: 30	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06-~~22~~-2018 Complete: 6-~~22~~-2018

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 06-25-2018 Complete: 06-26-2018

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

Wet Removal of TST

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

Excavator

XII. WASTE TRANSPORTER #1

Name: N.E.

Address: 2941 County Road

City: Walnut State: Miss. Zip: 38683

Contact Person: David Green Tel: 662-223-5445

WASTE TRANSPORTER #2

Name: Jones And Associate (Leroy Jones)

Address: 533 Martin Luther King

City: Holly Springs State: Miss. Zip: 38635

Contact Person: Leroy Jones Tel: 662-252-9277

XIII. WASTE DISPOSAL SITE

Name: N.E. Miss. Regional Landfill

Address: 2941 County Road 302

City: Walnut State: Miss. Zip: 38683

Tel:

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

Name: USDA, ARS, SEA Title:

Authority: Teya Services LLC

Date of Order (MM/DD/YY): May 10, 2018 Date Ordered to Begin (MM/DD/YY): 6-4-2018

XV. FOR EMERGENCY RENOVATIONS: NO Emergency

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event: Floor tiles in building

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

No Unsafe Condition

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:

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.

Leroy Jones — Type or Print Name

Leroy Jones — (Signature of Owner/Operator)

06-14-2018 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name (Signature of Owner/Operator) (Date)