1837

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) Revised

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

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) The University of Mississippi

Bldg. Name: C.R.E.T. School of Dentistry

Address: 2500 N. State Street

City: Jackson | State: MS | Zip: 39216

Site Location: Same | Tel:

Building Size: | # of Floor: 4 | Age in Years:

Present Use: Educational use | Prior Use: Same

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

OWNER NAME: University of Mississippi

Address: 2500 N. State St. / Rm 4007

City: Jackson | State: MS | Zip: 39216

Contact: Myra White | Tel:

REMOVAL CONTRACTOR: Southeast Environmental Group, Inc.

Address: 296 2nd Ave. / PO Box 433

City: York | State: AL | Zip: 36925

Contact: Bertha Rodgers | Tel: (205) 392-9308

OTHER OPERATOR:

Address: N/A

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): HazClean Environmental Consultants, Inc / Report #18.1553.30.1 Polarized Microscopy method

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: Category I	Nonfriable Asbestos Material Not To Be Removed: Category II	Indicate Unit of Measurement Below: UNIT	
Pipes				LnFt:	Ln M:
Surface Area		1200 ft.		SqFt: 1200 ft.	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11-10-18 Complete: 11-11-18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11-10-18 Complete: 11-11-18

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of floor tile, mastic, window ledges and lab table tops. Removal will be done using wet method within a 6 mil poly containment.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Areas to be abated will be thoroughly wetted down + kept continously wet with a fine water/down solution. Materials will be removed as much intact as possible until all areas are abated. As usual, special attention will be given to the reduction of any air-borne particles being released.

XII. WASTE TRANSPORTER #1

Name: Southeast Environmental Group, Inc.

Address: P O Box 433 / 296 2nd Ave.

City: York | State: AL | Zip: 36925

Contact Person: | Tel:

WASTE TRANSPORTER #2

Name: N/A

Address: N/A

City: | State: | Zip:

Contact Person: Bertha Rodgers | Tel: 205 392-9302

XIII. WASTE DISPOSAL SITE

Name: Pine Ridge Landfill

Address: 520 Murphy Rd.

City: Meridian | State: MS | Zip: 39301

Tel: (601) 483-0715

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

MDEQ will be notified immediately if any unforseen ACM or additional ACM is discovered and handled accordingly.

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.

Bertha Rodgers (Type or Print Name) | Bertha Rodgers (Signature of Owner/Operator) | 11-8-18 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bertha Rodgers (Type or Print Name) | Bertha Rodgers (Signature of Owner/Operator) | 11-8-18 (Date)