36775

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) O

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: Johnson Science TGower

Address: USM Campus 118 College Drive

City: Hattiesburg | State: MS | Zip: 39406

Site Location: Johnson Science Tower | Tel:

Building Size: 50000 | # of Floors: 7 | Age in Years: over 30

Present Use: occupied | Prior Use:

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

OWNER NAME: University of Southern Mississippi

Address: 118 College Drive

City: Hattiesburg | State: MS | Zip: 39406

Contact: Clint Adkins | Tel: 601266 5748

REMOVAL CONTRACTOR: Environmental Services

Address: 253 Delk Road

City: Hattiesburg | State: MS | Zip: 39401

Contact: Joe Venus | Tel: 601 408 1005

OTHER OPERATOR: N/A

Address:

City: | State: | Zip:

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):

Stop work notify DEQ, yes all materials were tested, including roofing, flooring, wall, floors,

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	400			LnFt: X	Ln M:
Surface Area	1200			SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/26/18 Complete: 12/29/18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Used wet method removing floor tiles and roofing mud.

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: Ovett | 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 ASTESTOS 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.

Joe venus — Type or Print Name | (Signature of Owner/Operator) | 12/7/18 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe venus — Type or Print Name | (Signature of Owner/Operator) | 12/7/18 (Date)