

# 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) <b>Original</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Renovation</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Hume Hall and Anderson Hall 1st Floor</b>					
Bldg. Name: <b>University of Mississippi - Classroom Modifications</b>					
Address <b>700 Hathorn Road</b>					
City: <b>University</b>	State: <b>MS</b>	Zip: <b>38677</b>			
Site Location: <b>1st Floor</b>	Tel: <b>662-915-6767</b>				
Building Size <b>180,000</b>	# of Floors: <b>2</b>	Age in Years: <b>50</b>			
Present Use: <b>Classroom</b>	Prior Use: <b>Classroom</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>The University of Mississippi</b>					
Address: <b>700 Hathorn Road</b>					
City: <b>University</b>	State: <b>MS</b>	Zip: <b>38677</b>			
Contact: <b>Brad Potts</b>	Tel: <b>1-662-915-6767</b>				
REMOVAL CONTRACTOR <b>Lakeshore Environmental Contractors</b>					
Address: <b>5513 Eastcliff Industrial Loop</b>					
City: <b>Birmingham</b>	State: <b>AL</b>	Zip: <b>35210</b>			
Contact: <b>Aaron Murphree</b>	Tel: <b>205-943-5711</b>				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<b>PLM</b>					
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				LnFt:	Ln M:
Surface Area		Floor Tile and Mastic		SqFt: <b>2,119</b>	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>11/23/2020</b> Complete: <b>11/25/2020</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

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

Regulated Area, Decon, Negative Air, 6 Mil Poly, Disposal Coveralls, Respirators, HEPA Vacuum

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

Regulated Area, Decon, 6 mil poly, disposal coveralls, respirators, HEPA Vacuum, Amended Water Applied during removal &

XII. WASTE TRANSPORTER #1

Name: Waste Management

Address: 6035 Bowdre Road

City: Robinsonville

State: MS

Zip: 38664

Contact Person:

Tel: 662-363-2282

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Tunica Landfill

Address: 6035 Bowdre Road

City: Robinsonville

State: MS

Zip: 38664

Tel: 662-363-2282

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 ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop Work, Contain Area, Notify Mississippi/DEQ & Revise Notification

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.

Aaron Murphree

Type or Print Name

(Signature of Owner/Operator)

10/29/2020

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Murphree

Type or Print Name

(Signature of Owner/Operator)

10/29/2020

(Date)