

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: Dorman Hall									
Address Miss State University									
City: Miss State	State: MS	Zip: 39762							
Site Location: same		Tel: 601 408 1525							
Building Size 20,000	# of Floors: 3	Age in Years: >20							
Present Use: classrooms	Prior Use:								
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)									
OWNER NAME: Mississippi State University									
Address: PO Box 5208									
City: Miss State	State: MS	Zip: 39762							
Contact: Shawn		Tel: 6013191177							
REMOVAL CONTRACTOR Environmental Servicves									
Address: 253 Delk Road									
City: Hattiesburg	State: MS	Zip: 39401							
Contact: Joe		Tel: 6014081005							
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): by Joe Venus, Floor tile									
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below					
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">RACM To Be Removed</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Category I</td> <td style="text-align: center;">Category II</td> </tr> </table>		RACM To Be Removed		Category I	Category II	UNIT	
				RACM To Be Removed					
Category I	Category II								
Pipes				Ln Ft:	Ln M:				
Surface Area				Sq Ft: X	Sq M:				
Vol RACM Off Facility Component		750		Cu Ft:	Cu M:				
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/12/21				Complete: 3/12/21					
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:

N/A

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

Use wet method and use of hand scrapers to keep dust down.

XII. WASTE TRANSPORTER #1

Name: Environmental Servicives

Address: 253 Delk Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Joe Venus

Tel: 6014081005

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regoinal Landfill

Address: 5274 Old Hwy 29

City: Ohlo

State: MS

Zip: 39446

Tel:

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:
Stop work call DEQ

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLLED, 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)

2/17/21
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus
Type or Print Name

(Signature of Owner/Operator)

2/17/21
(Date)

N/A