

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received: 6/15/2022	AI Number
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): Roberts Hall entire 6 story building				
Bldg. Name: Roberts Hall on the campus of University of Southern Mississippi				
Address: 118 College Dr. #5058				
City: Hattiesburg		State:	Zip: 39406-0001	
Site Location: Roberts Hall			Tel: 601-266-1000	
Building Size: 43,434		# of Floors: 6	Age in Years: 60 +/-	
Present Use: Vacant		Prior Use: Dormitories		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: University of Southern Mississippi				
Address: 118 College Dr.				
City: Hattiesburg		State: MS	Zip: 39406-0001	
Contact: Clint Atkins			Tel:	
ASBESTOS REMOVAL CONTRACTOR: Gulf Services Contracting, Inc.				
Address: 5000 Rangeline Road				
City: Mobile		State: AL	Zip: 36619	
Contact: Sean Brandon			Tel: 251-443-8161	
Certification Number: 08574			Expiration Date: 7/8/2023	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 9/18/2020	
Inspector: Joe Venus		Certification Number: ABI-00001353	Expiration Date: 2/12/2021	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 208 bulk samples obtained and sent to Triangle Environmental Service Center Inc. for analysis.				
VII. QUANTITY OF RACM TO BE REMOVED: Entire interior of the 6 floor building for building demolition				
Pipes (LN FT): 501		Surface Area (SQ FT): 54,892	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/30/2022			Complete: 7/30/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/1/2022			Complete: 10/15/2022	

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

Abatement and demolition per specifications

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

Negative pressure, wet methods, full containment

XIII. WASTE TRANSPORTER #1

Name: BClean

Address: PO Box 1054

City: Laurel

State: MS

Zip: 39441

Contact Person: Chris Hodge

Tel: 601-399-4943

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Regional

Address: PO Box 389

City: Petal

State: MS

Zip: 39465

Contact Person: Tony

Tel: 601-545-6674

XV. 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):

XVI. FOR EMERGENCY RENOVATIONS: N/A

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

Description of the sudden unexpected event:

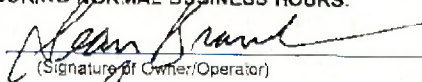
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XVIII. 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.

Sean Brandon

Type or Print Name


(Signature of Owner/Operator)

6/15/2022
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Sean Brandon

Type or Print Name


(Signature of Owner/Operator)

6/15/2022
(Date)