

# 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 6/22/2022	AI Number
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): O				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: WARREN HALL				
Address: EAS LGE BLD				
City: Starkville		State: MS	Zip: 39759	
Site Location: Mechanical Room (Chilled Water Pipe)			Tel: 662-325-7668	
Building Size: 50,000sq ft		# of Floors: 3	Age in Years: 100	
Present Use: MSU Students/Faculty ED BLDG - BIOLOGY			Prior Use: Same	
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MS State University				
Address: 75 B.S. Hood Rd.				
City: Mississippi State		State: MS	Zip: 39762	
Contact: Robert Pooley			Tel: 601-982-5351	
ASBESTOS REMOVAL CONTRACTOR: EAC Environmental				
Address: 4546 Cal Steens Road				
City: Caledonia		State: MS	Zip: 39740	
Contact: Edward Clay			Tel: 662-386-6386	
Certification Number: ABC00005192			Expiration Date: 12-06-22	
OTHER OPERATOR: South Central Heating & Plumbing				
Address: 2666 N Mill Street				
City: Jackson		State: MS	Zip: 39216	
Contact: Robert Pooley			Tel: 601-982-5351	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 10-12-21	
Inspector: Lee Roberts		Certification Number:	Expiration Date:	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>				
Insulation compounds and pipe wrap				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>				
Pipes (LN FT): 60		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I:			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 07-07-22 Complete: 07-08-22				
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 07-11-22 Complete: 07-25-22				

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

Post removal of ACM the building will be demolished using heavy equipment

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

Contain work area, set up air scrubbers, wet method, double bag

Glove Bag

**XIII. WASTE TRANSPORTER #1**

Name: EAC Environmental

Address: 4546 Cal Steens Road

City: Caledonia

State: MS

Zip: 39740

Contact Person: Ed Clay

Tel:

**WASTE TRANSPORTER #2**

Name: Waste Pro

Address: 1600 S 12th Street

City: Columbus

State: MS

Zip: 39701

Contact Person: RuthAnn Faris

Tel: 662-328-5528

**XIV. WASTE DISPOSAL SITE**

Name: RoBo Landfill

Address: 6447 Wahalak Road

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland Edmonds

Tel: 662-793-4795

**XV. 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):

**XVI. 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:

**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:**

Contain newly found material, contact owner and MDEQ

**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.**

Edward A. Clay

Type or Print Name

Ed Clay  
(Signature of Owner/Operator)

06-22-22  
(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Edward A. Clay

Type or Print Name

Ed Clay  
(Signature of Owner/Operator)

06-22-22  
(Date)