

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MAP

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

MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received <b>1/12/23</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <b>Educational Facility</b>				
Bldg. Name: <b>Ballew Hall</b>				
Address: <b>885 Stone Blvd</b>				
City: <b>Starkville</b>		State: <b>MS</b>	Zip: <b>39759</b>	
Site Location: <b>Mississippi State University</b>			Tel: <b>662-325-2323</b>	
Building Size: <b>12,000</b>		# of Floors: <b>2</b>	Age in Years: <b>50 yrs</b>	
Present Use: <b>Educational Facility</b>		Prior Use: <b>Educational Facility</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Mississippi State University</b>				
Address: <b>75 B. S. Hood Rd</b>				
City: <b>Mississippi State</b>		State: <b>MS</b>	Zip: <b>39762</b>	
Contact:			Tel:	
ASBESTOS REMOVAL CONTRACTOR: <b>Lakeshore Environmental Contractors LLC</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>205-288-7049</b>	
Certification Number: <b>ABC-00001844</b>			Expiration Date: <b>04/24/2023</b>	
OTHER OPERATOR: <b>N/A</b>				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>11-20-20</b>	
Inspector: <b>Willie Nester</b>		Certification Number: <b>ABI-00002244</b>	Expiration Date: <b>1-19-23</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Samples were analyzed using PLM. Samples included floor tile/mastic (6,900 sf), mudded pipe fittings (50 ea), pipe fittings with black mastic coating (70 ea), spray applied texture (12,000), cloth vibration dampers (3 ea), boiler tank insulation (140 cu ft).				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): <b>120 fittings</b>		Surface Area (SQ FT): <b>18,900 sf</b>	Volume of Facility Components (CU FT): <b>540 cu ft</b>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <b>None</b>			Category II: <b>None</b>	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>01/24/23</b> Complete: <b>03/24/23</b>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>03/25/23</b> Complete: <b>01/01/24</b>				

RECEIVED

JAN 12 2023

DEPT. OF ENVIRONMENTAL QUALITY

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
After abatement, walls and finishes will be removed and new walls will be configured with new finishes installed.

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**  
Work will be performed within a negative pressure HEPA filtered containment. Material will be kept wet constantly with amended water and airless sprayer. Material will be removed with hand tools and double bagged with 6 mil plastic bags.

**XIII. WASTE TRANSPORTER #1**

Name: Liberty Waste, Inc.  
Address: 50 Sears Dr  
City: Starkville State: MS Zip: 39759  
Contact Person: Chris Thomas Tel: 662-312-4224

**WASTE TRANSPORTER #2 N/A**

Name:  
Address:  
City: State: Zip:  
Contact Person: Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Robo Asbestos Landfill  
Address: 6447 Wahalak Rd Scooba MS 39358  
City: Scooba State: MS Zip: 39358  
Contact Person: Roland Edmonds Tel: 800-248-2990

**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:**

Date and Hour of Emergency (MM/DD/YY):  
Description of the sudden unexpected event:  
N/A  
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:  
N/A

**XVII. 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:**  
Material will be kept wet while containment is expanded. Material will be tested and if additional asbestos is present, the notification will be revised to include the new material. All work will be performed within a negative pressure HEPA filtered containment.

**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.**

Aubry L McCarley \_\_\_\_\_ 1-10-23  
Type or Print Name (Signature of Owner/Operator) (Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**  
Aubry L McCarley \_\_\_\_\_ 1-10-23  
Type or Print Name (Signature of Owner/Operator) (Date)