

# 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"/> Mail <input type="checkbox"/> Mail <input type="checkbox"/> Hand-Delivery		Postmark (mail only)	Date Received <b>2-3-23</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>Music Hall</b>				
Bldg. Name: <b>Music Hall Bldg b</b>				
Address: <b>100 Presidnt Cir</b>				
City: <b>Miss state</b>		State: <b>MS</b>	Zip: <b>39762</b>	
Site Location: <b>MSU Campus</b>			Tel: <b>601477 4263</b>	
Building Size: <b>3,000</b>		# of Floors: <b>1</b>	Age in Years: <b>&gt; 20</b>	
Present Use: <b>Empty</b>		Prior Use: <b>music office</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Mississippi State University</b>				
Address: <b>PO Box 5208</b>				
City: <b>Miss state</b>		State: <b>MS</b>	Zip: <b>39762</b>	
Contact: <b>Nick Dodd</b>			Tel: <b>662 325 1858</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Envoironmental Services</b>				
Address: <b>253 Delk Road</b>				
City: <b>Hattiesburg</b>		State: <b>MS</b>	Zip: <b>39401</b>	
Contact: <b>Joe venus</b>			Tel: <b>6014081005</b>	
Certification Number: <b>0001330</b>			Expiration Date: <b>Jan 3 2024</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, assumed</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>			Inspection Date: <b>1/22/23</b>	
Inspector: <b>Joe Venus</b>		Certification Number: <b>00001353</b>	Expiration Date: <b>Feb 10, 2023</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>asbestos floor tile and black mastic, assumed analysis</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>1,400</b>				
Pipes (LN FT):		Surface Area (SQ FT):	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: <b>2/17/23</b>			Complete: <b>2/17/23</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>N/A (not decided)</b>			Complete:	

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

N/A (dont know owner didnt know)

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

Wet material and remove by hand using hand tools

XIII. WASTE TRANSPORTER #1

Name: Environmental Services

Address: 253 Delk Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: joe

Tel: 6014081005

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Robo landfill

Address: 6447 Walalask Rd

City: Scobba

State: MS

Zip: 39358

Contact Person: Roland

Tel: 662 361 0300

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:

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:

Stop work call DEQ

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.

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

2/3/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

2/3/23

(Date)