

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 4/25/23	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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): MSU				
Bldg. Name: Cresswell Hall				
Address: 36 Magruder Street				
City: Mississippi State		State: MS	Zip: 39762	
Site Location: 1st-5th Floors			Tel:	
Building Size: Unknown		# of Floors: 5	Age in Years: Unknown	
Present Use: Residence Housing		Prior Use: Unknown		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Mississippi State University				
Address: PO Box 9502				
City: Mississippi State		State: MS	Zip: 39762	
Contact: N/A			Tel: 662-325-3555	
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC				
Address: 7705 Northshore Place				
City: North Little Rock		State: AR	Zip: 72118	
Contact: Andrew Ables			Tel: 601-559-2185	
Certification Number: ABC-00009502			Expiration Date: 9/30/2023	
OTHER OPERATOR: N/A				
Address: N/A				
City: N/A		State: N/A	Zip: N/A	
Contact: N/A			Tel: N/A	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 1/30/2020	
Inspector: Scott Comish		Certification Number: ABI-00006892	Expiration Date: 12/6/2020	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM Bulk Samples Approx. 9,050 SF -FT/M				
VII. QUANTITY OF RACM TO BE REMOVED: N/A				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 9,050 SF				
Category I: Floor Tile/Mastic			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/15/2023			Complete: 6/22/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete: N/A	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Materials listed to be removed by hand so facility can be renovated. (9,50 SF of FT/M)		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Materials will be wetted, during and after abatement, properly packaged, labeled and transported to a class 1 landfill for disposal.		
XIII. WASTE TRANSPORTER #1		
Name: RES		
Address: 1041 CR 549		
City: Ripley	State: MS	Zip: 38663
Contact Person: Shea Mask	Tel: 662-882-3853	
WASTE TRANSPORTER #2		
Name: N/A		
Address: N/A		
City: N/A	State: N/A	Zip: N/A
Contact Person: N/A	Tel: N/A	
XIV. WASTE DISPOSAL SITE		
Name: Three Rivers Regional Landfill		
Address: 1904 Pontotoc Parkway		
City: West Pontotoc	State: MS	Zip: 38863
Contact Person: N/A	Tel: 803-827-2808	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: N/A	Title: N/A	
Authority: N/A		
Date of Order (MM/DD/YY): N/A	Date Ordered to Begin (MM/DD/YY): N/A	
XVI. FOR EMERGENCY RENOVATIONS: N/A		
Date and Hour of Emergency (MM/DD/YY): N/A		
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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:		
Wet the unexpected, make area safe and notify 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.		
Barbara McElroy Type or Print Name	<u>Barbara McElroy</u> (Signature of Owner/Operator)	<u>4/25/2023</u> (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Barbara McElroy Type or Print Name	<u>Barbara McElroy</u> (Signature of Owner/Operator)	<u>4/25/2023</u> (Date)