

MAP

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 4-27-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>O</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>R</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <u>Office</u>				
Bldg. Name: <u>Clay Lyle Ent</u>				
Address: <u>Jesse McCardle</u>				
City: <u>Miss State</u>		State: <u>MS</u>	Zip: <u>38762</u>	
Site Location: <u>101 Robert Jones Cir</u>			Tel: <u>6625525373</u>	
Building Size: <u>10,000</u>		# of Floors: <u>1</u>	Age in Years: <u>>20</u>	
Present Use: <u>Office and Labs</u>		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>Mississippi State University</u>				
Address: <u>PO Box 5208</u>				
City: <u>Miss State</u>		State: <u>MS</u>	Zip: <u>39762</u>	
Contact: <u>Jesse McCardle</u>			Tel: <u>6625525373</u>	
ASBESTOS REMOVAL CONTRACTOR: <u>Environmental Services LLC</u>				
Address: <u>253 Delk Road</u>				
City: <u>Hattiesburg</u>		State: <u>MS</u>	Zip: <u>39401</u>	
Contact: <u>Joe Venus</u>			Tel: <u>601 408 1005</u>	
Certification Number: <u>ABC00001330</u>			Expiration Date: <u>1/3/24</u>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>yes, assumed</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>yes</u>			Inspection Date: <u>3/15/23</u>	
Inspector: <u>Joe Venus</u>		Certification Number: <u>ABI00001353</u>	Expiration Date: <u>2/9/2024</u>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <u>all suspect flooring materials, Assumed</u>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <u>3,700 sf siding</u>				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>5/11/23</u>			Complete: <u>5/12/23</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>N/A</u>			Complete: <u>N/A</u>	

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

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Remove asbestos materials using wet method and hand tools under neg pressure and containment

XIII. WASTE TRANSPORTER #1
Name: Waste Pro
Address: 1600 S 12th Ave
City: Columbus State: MS Zip: 39701
Contact Person: Tel: 6623285528

WASTE TRANSPORTER #2
Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE
Name: Robo Landfield
Address: 6447 Walhalak Rd
City: Scooba State: MS Zip: 39358
Contact Person: Roland Tel: 6627934795

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 CRUMBLLED, 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 _____ 4/27/23
Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
Joe Venus _____ 4/27/23
Type or Print Name (Signature of Owner/Operator) (Date)