

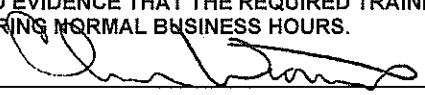
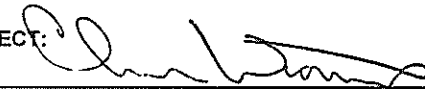
MAP

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 type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 7-26-2023	AI Number 37466
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): Rice Hall				
Bldg. Name: MSU - Rice Hall				
Address: McKay St - MSU Campus				
City: Mississippi State		State: MS	Zip: 39762	
Site Location: MSU Campus			Tel: 662-325-2553	
Building Size: 50,000 +/-		# of Floors: 4	Age in Years: 80 +/-	
Present Use: Dorm		Prior Use: Dorm		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MSU Office of Procurement & Contracts				
Address: 610 McArthur Hall Ave				
City: Mississippi State		State: MS	Zip: 39762	
Contact: Ches Fedric			Tel: 662-325-2553	
ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction				
Address: 1450 Old Brandon Rd				
City: Flowood		State: MS	Zip: 39232	
Contact: Chuck Womack			Tel: 601-940-5411	
Certification Number: ABC-1799			Expiration Date: 3/4/2023	
OTHER OPERATOR: Codaray Construction				
Address: P O Box 16628				
City: Hattiesburg		State: MS	Zip: 39404	
Contact: Phillip Davis			Tel: 601-909-9260	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 12/16/2022	
Inspector: Kirk Giessinger		Certification Number: ABI-2367	Expiration Date: 2/15/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
FT/M, Pipe Elbows, Wall Plaster, Cove Base			PLM	
VII. QUANTITY OF RACM TO BE REMOVED: 40,000sf FT/M - 20 pipe elbows - 100 sf transite				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/10/2023			Complete: 9/10/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/10/2023			Complete: 2/10/2024	

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 11-26-2023
 DEPT. OF ENVIRONMENTAL QUALITY

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of asbestos containing materials with hand tools		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Stop work and notify competent person, keep wet, seal all critical barriers & put under negative pressure		
XIII. WASTE TRANSPORTER #1		
Name: Burns Waste		
Address: 57 Burns Dr		
City: Columbus	State: MS	Zip: 39702
Contact Person: Nic Parrish	Tel: 662-549-6070	
WASTE TRANSPORTER #2		
Name: Eagle Construction		
Address: 1450 Old Brandon Rd		
City: Flowood	State: MS	Zip: 39232
Contact Person: Chuck Womack	Tel: 601-940-5411	
XIV. WASTE DISPOSAL SITE		
Name: Prairie Bluff Landfill		
Address: 1649 Hwy 15 North		
City: Houston	State: MS	Zip: 38851
Contact Person:	Tel: 662-456-9560	
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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:		
Stop work & notify owner, keep wet and double bag immediately		
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.		
Chuck Womack		7/26/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Chuck Womack		7/26/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)