

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 04-04-2024	AI Number 36793
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): East side of bldg				
Bldg. Name: MVSU Jacobs Student Union				
Address: 14000 Highway 82 W				
City: Itta Bena		State: MS	Zip: 38941	
Site Location: Ralph Bunche Ln See Campus map			Tel: 662 254 9041	
Building Size: 25,000 +/-		# of Floors: 1	Age in Years: 60 +/-	
Present Use: Vacant		Prior Use: Student Activities		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Building Grounds & Real Property				
Address: 501 N West St Suite 1401B				
City: Jackson		State: Ms	Zip: 39202	
Contact: Kevin Ingram			Tel: 601-359-3621	
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: 07/1/2025 3/1/2025	
OTHER OPERATOR: Richard Womack Construction				
Address: P.O. Box 541				
City: Magee		State: MS	Zip: 39111	
Contact: Richard Womack			Tel: 601-849-5675	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 2-2-24	
Inspector: Chuck Womack		Certification Number: ABI - 2432	Expiration Date: 12-7-24	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM - Floor tile & mastic				
VII. QUANTITY OF RACM TO BE REMOVED: Approx 7,000 s/f & 60 fittings				
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: 4-15-24			Complete: 5-10-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4-15-24			Complete: 12-30-24	

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: ADS, Inc

Address: P. O. Box 1296

City: Clinton

State: MS

Zip: 39060-1296

Contact Person: Mark Parkman

Tel: 601-925-0507

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: Little Dixie Landfill

Address: 1716 North County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Contact Person:

Tel: 601-982-9488

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 CRUMBLED, 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

Type or Print Name


(Signature of Owner/Operator)

4/3/24
(Date)

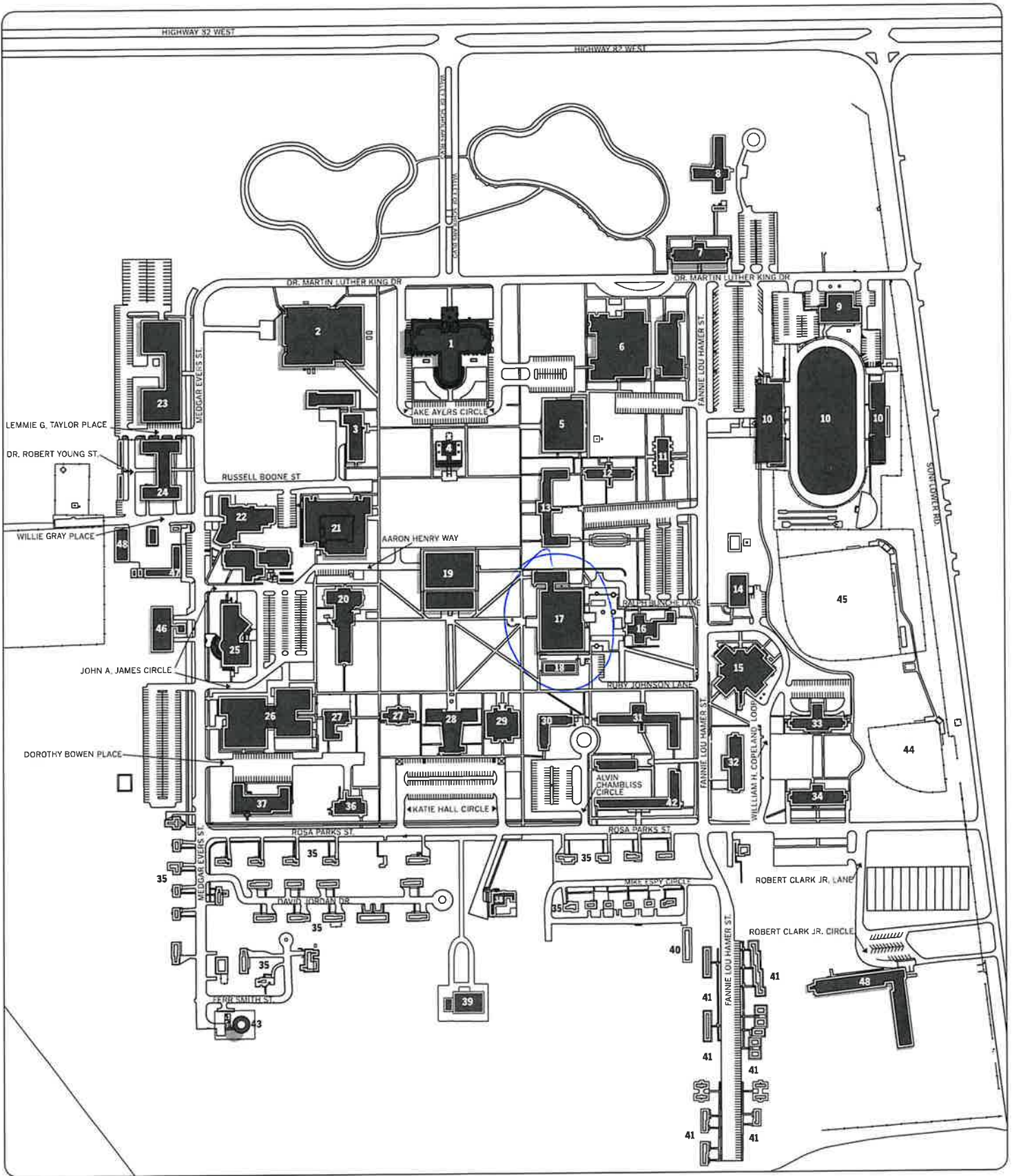
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack

Type or Print Name


(Signature of Owner/Operator)

4/3/24
(Date)



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|-------------------------------------|---|-------------------------------------|
| 1. William W. Sutton Administration | 18. Delta Sands Guest House | 35. Faculty & Staff Housing |
| 2. W.A. Butts Social Science | 19. James Herbert White Library | 36. Health Center |
| 3. Walter Sillers Fine Arts Complex | 20. Academic Skills Parlor | 37. Lucile Petry Leone |
| 4. Lois Aron Chapel | 21. Fielding Wright Mathematics & Science | 38. Friendship Manor |
| 5. Lackey Recreation Center | 22. Science and Technology | 39. President's Home |
| 6. R.W. Harrison HPER Complex | 23. Technical Education Building | 40. Storage Units |
| 7. Leflore Hall | 24. Industrial Technology | 41. Residential Apartment Units |
| 8. New Men's Dorm | 25. Business Education | 42. Magnolia Hall |
| 9. Devil's Den | 26. O.P. Lowe Education Building | 43. Water Tower |
| 10. Rice-Totten Stadium | 27. Annex II | 44. Softball Field |
| 11. Pavilion | 28. H.G. Carpenter Auditorium | 45. Baseball Field |
| 12. James Hall | 29. Annex I | 46. Property Accountability |
| 13. Stewart Hall | 30. College Hall II | 47. Willie L. Malone Physical Plant |
| 14. Laundry | 31. College Hall I | 48. L.S. Rogers |
| 15. H.M. Ivy Cafeteria | 32. New Women's Dorm | |
| 16. Student Union Annex | 33. University Hall | |
| 17. Jacob Aron Student Center | 34. Edna Horton Hall | |



MISSISSIPPI VALLEY STATE
UNIVERSITY

C A M P U S M A P

