

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 4/30/2024	AI Number 37503
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): 213, 214, 313, 314, 413, 414, 512, 514				
Bldg. Name: Stewart Hall		612, 614, 712, 714		
Address: 61 Women's Terrace West				
City: University		State: MS	Zip: 38677	
Site Location: Ole Miss Main Campus		Tel: 662-915-6767		
Building Size: 55,000 +/-		# of Floors: 7	Age in Years: 60 +/-	
Present Use: Dorm		Prior Use: Dorm		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: University of MS - Dept of Facilities, Planning				
Address: 700 Hathorn Rd				
City: University		State: MS	Zip: 38677	
Contact: Lorre Barrett		Tel: 662 915 6767		
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 3-1-25		
OTHER OPERATOR: UEO N/A				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 3-11-24		
Inspector: Lamar Gilliland		Certification Number: AB1-1036	Expiration Date: 2-7-25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM - Floor tile & Mastic				
2,250				
VII. QUANTITY OF RACM TO BE REMOVED: 1000 +/- 2,250 +/- FT² w/m				
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: 5-13-24		Complete: 6-13-24		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-13-24		Complete: 6-13-24		

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)

4-30-24
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack

Type or Print Name


(Signature of Owner/Operator)

4-30-24
(Date)