

## 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 05-07-2024	AI Number 36775
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): 0				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D/R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Trent Lott National Center for Economic Development				
Address: 118 College Drive				
City: Hattiesburg	State: MS	Zip: 39406		
Site Location: floor & attic storage area - all 3 floors		Tel: 601-266-4414		
Building Size: 350,000 sq. ft.	# of Floors: 3	Age in Years: 70+		
Present Use: Storage	Prior Use: dorms			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: University of Southern Mississippi				
Address: 118 College Drive				
City: Hattiesburg	State: MS	Zip: 39406		
Contact: Brian Hauff	Tel: 601-266-4414			
ASBESTOS REMOVAL CONTRACTOR: Guarantee Environmental Services				
Address: 16248 Perkins Road				
City: Baton Rouge	State: LA	Zip: 70810		
Contact: Carl Sterling	Tel: 225-931-4820			
Certification Number: ABC-00011887	Expiration Date: 05/02/25 ? 01-26-2025			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO				
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date:		
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Building has floor tile & mastic and pipe insulation from which asbestos was present in those products over 40 years ago, therefore it is assumed asbestos is present				
VII. QUANTITY OF RACM TO BE REMOVED: Approx. 210 cu. yds. of floor tile, mastic & pipe insulation				
Pipes (LN FT): 200	Surface Area (SQ FT): 20,000	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: 5/16/24		Complete: 7/12/24		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/15/24		Complete:		

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

Utilize wet removal techniques to keep materials wet so no airborne release.

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**

Double bag asbestos, wet methods, environmental controls utilizing HEPA filtered air scrubbers & mobilized containment.

**XIII. WASTE TRANSPORTER #1**

Name: E3 Environmental, Inc.

Address: 1018 Industrial Park Drive

City: Clinton

State: MS

Zip: 39056

Contact Person: Bryan Wadford

Tel: 601-850-0793

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Pine Belt Regional Solid Waste Mgmt. Authority

Address: 5274 MS-29 Hwy.

City: Overt

State: MS

Zip: 39464

Contact Person: Tony Harrison

Tel: 601-545-6676

**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, verify suspect material is RACM, obtain additional permits if necessary

**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.**

Shannon Rivett

Type or Print Name

Shannon Rivett

(Signature of Owner/Operator)

5/1/24

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Shannon Rivett

Type or Print Name

Shannon Rivett

(Signature of Owner/Operator)

5/1/24

(Date)