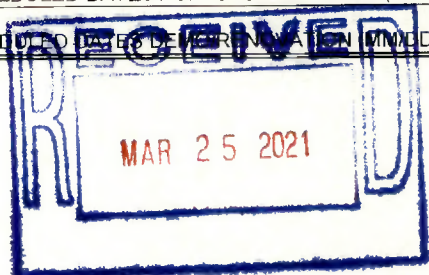


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark 3/23/21	Date Received (MDEQ use only) 3/25/21	Notification # (MDEQ use only)		
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) D					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Chi Omega Sorority					
Address 678 Rebel Dr					
City: Oxford	State: MS	Zip: 38655			
Site Location: The University of Mississippi 678 Rebel Dr Oxford, MS 38655			Tel: 205-758-4723		
Building Size 25,000 sf	# of Floors: 2	Age in Years: 40+ years			
Present Use: Sorority House	Prior Use: Sorority House				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: The University of Mississippi					
Address: 700 Hathorn Rd					
City: University	State: MS	Zip: 38677			
Contact: Hugh Mallette			Tel: 205-361-0245		
REMOVAL CONTRACTOR Gulf Services Contracting, Inc.					
Address: 5000 Rangeline Rd					
City: Mobile	State: AL	Zip: 36619			
Contact: Jonathan Valle			Tel: 251-493-8161		
OTHER OPERATOR: Virginia Wrecking Co., Inc.					
Address: P.O. Box 2730					
City: Daphne	State: AL	Zip: 36526			
Contact: Kyle M. Maddox					
V. IS ASBESTOS PRESENT? (Yes/No) Yes					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
Bulk sample - PLM Analysis / Inspected by Ron Robinson ABI-00001459 3/9/20					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes	TSI			LnFt: 900	Ln M:
Surface Area Ceilings +	VAT			SqFt: 20,300	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/13/21				Complete: 5/21/21	
IX. SCHEDULED DATES DEMOLITION (MM/DD/YY) Start: 5/21/21				Complete: 8/21/21	



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

Mechanical Demolition

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

Negative pressure enclosure - Wet Removal - HEPA Filtration

XII. WASTE TRANSPORTER #1

Name: RES

Address: P.O. Box 575

City: Ripley

State: MS

Zip: 38663

Contact Person: Shea Mask

Tel: 662-837-2384

WASTE TRANSPORTER #2 C/D:

Name: Virginia Wrecking Co., Inc.

Address: P.O. Box 2730

City: Daphne

State: AL

Zip: 36526

Contact Person: Kyle Maddox

Tel: 251-626-3907

XIII. WASTE DISPOSAL SITE

Name: Three Rivers Landfill

Address: 1904 Pontotoc Parkway

City: West Pontotoc

State: MS

Zip: 38863

Tel: 662-488-0444

XIV. 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):

XV. 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:

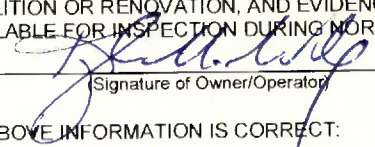
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work, test materials, notify facility owner, general contractor and MDEQ!

XVII. 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.

Kyle M Maddox

Type or Print Name



(Signature of Owner/Operator)

3/22/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)